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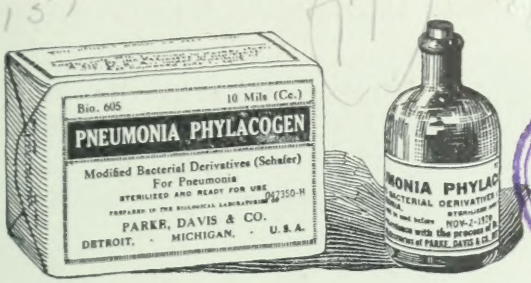

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Dominion Medical Monthly
And Ontario Medical Journal

Vol. LIV. TORONTO, JANUARY, 1920 No. 1

Original Articles

A CAUSE OF APPENDICITIS

By the Hon. W. E. Collins, C.M.G., M.B., London.

General Henderson, D.G.M.S., has authorized me to record certain facts as to *one* cause of appendicitis which has come under my notice during the period of the war.

On October 2nd, 1917, I was given medical charge over a camp containing from 250 to 280 men. On making inquiries into the nature of the most frequent diseases which had affected the men from the commencement of the war, I found that there had been 19 cases of appendicitis in the camp, and an operation had had to be performed in each case. In order to ascertain, if possible, the cause of this number of cases of this disease, I made a general inspection of buildings, food, etc. In the kitchen I found the enamel pans very much chipped, portions of the enamel could easily be detached by the nail, and also enamel grit could be wiped off the bottom of the pans with the finger. The enamelware was discarded. About a fortnight later another case of appendicitis developed. The patient was sent into a hospital to be operated upon. I sent a note to the O.C. hospital requesting him to have the contents of the appendix examined microscopically and bacteriologically. The operation was successfully performed, and the O.C. telephoned me that enamel grit was found in the appendix.

Another patient had suffered from chronic appendicitis for a long time, but I did not consider at that time that his symptoms were sufficiently serious to justify an operation, nor had my predecessor. I gave up medical charge of the camp on May 16th, 1918, and I find on my return to New Zealand after the last commission of the hospital ship *Marama*, that this patient was operated upon on June 17th, 1918. As far as I can ascertain, no special examination of the appendix was made. Since that date

there had not been a single case of appendicitis in the camp. During the last three years and a half I have had considerable experience in the use of enamel-ware, and know how easily it gets chipped. Another malady which patients complained of frequently was indigestion, and the number of patients who suffered from indigestion diminished after the enamel-ware had been discarded. I felt certain that this had been in some instances the cause of the trouble, and it has occurred to me that it might even be in some instances the cause of originating more serious complaints in the intestinal tract.

According to recent year-books, the deaths from appendicitis were in:

1912	1913	1914	1915	1916
72	91	86	94	90

In 1917 the deaths from appendicitis in the New Zealand Hospitals were 67 only, out of 2,235 cases dealt with, giving a percentage of 2.5. As the percentage of deaths from appendicitis is very small, not more than 2½ per cent., the above figures would make it appear that the number of cases of appendicitis in the Dominion was very large. The only way to settle the question as to the number of cases due to this cause would be to have the contents of every appendix which is removed examined, not only bacteriologically, but microscopically. The number of cases due to this cause may be very small. Enamel-ware for culinary purposes was, as far as I can gather, first introduced during the middle of the 19th century, since when its use has slowly and gradually become general, and I think it is almost safe to say that both appendicitis and malignant disease of the digestive organs have become more frequent during that period.—*New Zealand Medical Journal.*

CARBON MONOXIDE POISONING IN FACTORIES

It came as a great surprise to those of us who are interested in this work to find nearly every winter, when windows and doors were closed—these being practically the only means of ventilation in many establishments—that a relatively large number of employees would simultaneously become ill from time to time, presenting a clinical condition which became fairly familiar with repetition. A typical instance was one relating to a factory

situated on the three topmost floors of a twelve-storey factory building, given over to the manufacture of men's clothing. Of 125 employees, 73 became suddenly ill at about 2 o'clock one afternoon, and were seized with nausea and vomiting. Practically all of them complained of headache, dizziness, and general weakness, which was particularly marked in the legs. A number were overcome, and several ambulances were called from near-by hospitals. Three employees were removed to hospitals, and a number of others were sent home under escort. Practically all recovered within a few hours, but in two cases symptoms of marked general weakness persisted for several days.

As a result . . . of several similar experiences in previous winter seasons, we felt reasonably certain that the condition was due to the improper removal of various gases of combustion, particularly carbon monoxide, and to their escape into the workroom. On investigation, in this particular instance, we found that our theory was apparently correct, but that the gas entered the working establishment from an unusual source. The rear doors of the three upper floors which communicated with a hallway that led to the roof had been left open by an employee, and a shift in the direction of the wind caused the chimney gases to be driven in considerable concentration down through a stair, well into the corridors, and then into the workrooms. When later we analyzed the facts in the case, we found that the employees who were affected were those who were at work near the rear of the shops where the doors were open.

What is more important from the standpoint of industrial medicine is this: We have found on a number of occasions during the past winter seasons that in connection with gas flames used for pressing irons, or where furnaces were in operation, or, in fact, wherever incomplete combustion of gas or coke occurred, a clinical condition of a similar character frequently developed among a large group of employees. Altogether, about 220 cases of acute carbon monoxide poisoning, similar to the 73 cases referred to above, which were traced to the incomplete combustion of a variety of gases or fuel substance containing carbonaceous material, and in which acute symptoms followed exposure to these gases, came to our notice. Although, in several instances, careful examinations of the blood were made, we were not able to demonstrate the presence of carbon monoxide, but in the light of Prof. Yandell Henderson's investigations, showing that carbon monoxide

in combination with the hemoglobin is readily given up in the presence of pure air, this can be readily understood.

Our examination of a number of men who were exposed to furnace gases, and, particularly, a number of investigations which were conducted with reference to complaints made by persons employed in garages, have led us to believe that in industrial communities there are many persons who are affected with headache, marked anemia, general weakness and gastric symptoms whose condition is due in large measure to continued exposure to small amounts of carbon monoxide gas resulting from incomplete combustion.

The therapeutic agent of greatest value in the elimination of this source of complaint, which we have reason to feel affects many thousand persons in an industrial community like New York, is the application of simple sanitary engineering principles. It is necessary to remove noxious gases by the installation of exhaust or suction fans and by devices which can be made an integral part of furnaces, of gas irons, or of engines which generate fumes.

The rapidly increasing use of electricity as a source of heat in connection with furnaces and various mechanical processes, will also in a large measure reduce the danger of poisoning from this source. In passing, it should be stated that the industrial physician must work in close association with the sanitary engineer, and particularly with those who have made a specialty of installing systems of artificial ventilation.—*U. S. Labor Review.*

A SIMPLE BUT EFFICIENT METHOD FOR THE TREATMENT OF BURNS

Geo. E. McGeary, B.S., B.M., M.D., Browns Valley, Minn.

Many new methods for the treatment of burns have been introduced to the medical profession of late years but practically all have been discarded after a few unsatisfactory trials and the surgeon has reverted back to the time-honored but inefficient use of carron oil.

The object of this paper is to put in the hands of the practising physician a simple but highly efficient method of treating burns

in which infection is quickly overcome and healing is rapidly instituted.

In October, 1918, Mr. John La Penotiere, pharmacist at the Minneapolis City Hospital, asked me if I would try out a preparation which he had made up for the treatment of burns. The method to be followed was similar to the method used in the application of Abbot's Parresine.

Mr. La Penotiere's preparation is of a waxy consistency with a melting point of 120 deg. Fahrenheit. This is melted over a water bath and kept at 120 deg. Fahrenheit during the application. This can be easily done in the ordinary sterilizer, care being taken to keep the cover of the sterilizer open to prevent the entrance of water of condensation into the vessel containing the paraffin.

The burned area is first gently cleaned with Dakin's solution, the gross particles of charcoal, fragments of burned cloth and other debris being removed with a thumb forceps. The area is then gently dried with sterile compresses. A coating of the paraffin is then quickly painted over the area with a two-inch camel's hair brush. A thin layer of sterile sheet wadding of the same shape as the burned area is then applied and another layer of the paraffin preparation is then painted over the sheet wadding. If the sheet wadding is thin enough, the dressing is held firmly in place, is neat and airtight. The dressing is kept in place more firmly by the application of an ordinary gauze bandage.

The dressing must be re-applied daily until healing is complete, care being taken to first wash the area with Dakin's solution.

In October, 1918, a man 35 years of age, came into the receiving room at the Minneapolis City Hospital with a badly infected second degree burn of the forehead, nose and cheeks, of three days' duration. He had been burned by the accidental ignition of a pair of celluloid rimmed spectacles. It had been treated first by a private physician with carron oil.

The above method was used and he was told to report the next day. The second day a layer of pus was present between the dressing and the burned surface. This was washed off with Dakin's solution and a new application of the paraffin dressing was made. On the third day the pus was markedly decreased. On the fourth day the pus was absent but a thin layer of serum was present. Many small islands of skin (pin-head in size) were present over the affected area. These rapidly increased in size until the eighth day when the area was covered by a healthy layer

of new skin. On the tenth day the dressing was removed and a thin layer of cold cream was applied. The patient reported again two weeks later. The new skin had almost resumed its normal appearance. The patient was not seen again.

The second patient on whom the new preparation was tried was a man aged 42, a railroad engineer by occupation. While sleeping in his home, his bed clothes caught fire from an unknown cause and he suffered second and third degree burns of the chest, arms, neck and face.

The paraffin preparation was applied as described above and the patient admitted to the hospital. The course was the same as in the first case.

The remarkable point about the second case and one which we found to be true in every subsequent case which we treated immediately following the burn, was that although the patient was suffering intense pain when first seen, as soon as the area was entirely covered with the paraffin preparation the pain was almost completely alleviated. Incidentally, pain was an unknown factor in the daily changes of the dressings.

Since then, this paraffin preparation has been used as the routine treatment for burns at the Minneapolis City Hospital.

The formula for preparing the paraffin dressing is as follows:

1. Resorcinol	10
2. Olei Eucalyptii	20
3. Olei Olivae	50
4. Petrolatum	250
5. Paraffin	670

Melt 4 and 5 together.

Dissolve 1 in alcohol and add to 4 and 5 while latter is hot, to drive off alcohol. When cool add 2 and 3.—*Minnesota Medicine.*

The Hospital at Summerland, B.C., was totally destroyed by fire on the 14th of December. All the patients and staff escaped uninjured. The loss is $12,000.

Dr. J. K. Milne Dickie, F.R.C.S., Edin., formerly Ear and Throat Surgeon to Leith Hospital, Edinburgh, and lately Ear and Throat Specialist to the Second Army, B.E.F., has removed to Toronto and opened an office at 47 Grosvenor Street, where he will confine his practice to diseases of the Ear, Nose and Throat.

WHAT PHYSICAL EXAMINATION OF STUDENTS SHOWS

Jas. W. Barton, M.D., Physical Director.

Now that the war is over and the students have returned to the University a few facts regarding the results of the physical examinations may be interesting. The University has made it compulsory that every male student shall be examined by the physical director, and that all the male students of the first and second years shall take some form of exercise at least two hours each week.

Now, although this exercise is compulsory upon the first two years, it is really elective in effect. This is made possible by the physical examination. If a student is in Category A, that is physically fit, he can elect the form of exercise in which he wishes to engage. For instance a rugby player engages in his favorite pastime until the rugby season is over. He then plays basket-ball or swims until the hockey season arrives. He plays hockey until the hockey season is over and then plays basket-ball or swims again until the end of the term. He is thus taking the very best forms of exercise, that is, exercise that calls upon the heart and lungs for effort. In addition, and this is a big factor, he is enjoying the exercise every minute, because it is the kind he likes. Similarly students will elect to take soccer, basket-ball, indoor baseball, and so forth. The examination revealed that 75 per cent. of the students at the University of Toronto were in this class—a splendid showing.

The second category, that is "B," was made up of students who, while having no serious defects, yet were hardly as rugged as the students in Category "A." These men were allowed to elect the form of athletics in which they wished to engage, but were guided therein by the advice of the physical director. It was found that 13 per cent. of the students were in this class.

Then the third class, Category "C," was made up of students with defects or deficiencies such as organic heart murmurs, deafness, shrapnel or other wounds. Ten per cent. of our students were made up of this class. These are allowed to take only the form of exercise prescribed by the physical director. (Thus while the work is compulsory, only 10 per cent. were ordered to do special work.)

The next class, Category "D," is made up of students temporarily unfit and there were just slightly over 1 per cent.

The last class was Category "E," students permanently unfit, of which there numbered less than 1 per cent.

Although the war is over, physical fitness will hereafter be measured in the minds of many on the basis of fitness for military service, and it is truly a splendid standard. Using this standard then, the students of the University of Toronto would be classified as follows:

	Per Cent.
Category "A" (that is if age limit were lowered to 18 years) fit for service in any branch anywhere	75
Category "B," fit for service anywhere, but not front line work. Used in Army Medical Corps and Army Service Corps	13
Category "C," fit for service in Canada only	10
Category "D," temporarily unfit—capable of being raised to "A," "B," or "C"	1¼
Category "E," totally unfit for service	¾

Thus it is interesting and instructive to know that 75 per cent. of our students are fit for overseas front line work, with another 13 per cent. fit for overseas service in the Army Medical Corps or the Army Service Corps, a total of 88 per cent. fit for overseas, and of the remaining 12 per cent. fully 10 per cent. are fit for service in Canada. One and one quarter per cent. temporarily unfit, and less than 1 per cent. totally unfit for any service.

Another interesting fact which was revealed by the examination was the number of students who were unable to swim. In the Faculties:

	Unable to Swim.
Medicine	25 per cent.
Arts	23 "
Science	10 "

It would appear that the outdoor life of the school man was a factor here. Surveying, mining, bridge and railway contracting might tend to make one learn to swim. My own idea, however, is that the natural love of outdoor life is in the boy that decides to take up the engineering profession.

From the standpoint of military service the Faculties all did equally well. While on the surface it would appear that science

had the best record for military service as she has the greatest percentage of returned men, such is not actually the case when we study the conditions. Her percentage is greater because her men are older. Thus in Arts and Medicine 50 per cent. of the students were under military age, whereas in Science only 35 per cent. were under military age.—*University of Toronto Monthly.*

UNIVERSITY OF TORONTO FACULTY OF MEDICINE

Extension Courses and Lectures for Graduates in Medicine.

The Faculty of Medicine of the University of Toronto recognizes that the practitioners of the province are anxious to keep closely in touch with the advances in Medicine, and that they have a claim on the Provincial University to aid them in doing so. The Faculty considers this duty as being second only to the instruction of the undergraduate.

At the moment the rapid advances in knowledge and the many changes due to the war make it impossible for the Faculty to offer set courses of sufficient variety to meet all the needs of those who seek further study. It further considers that the method which is the usual one in England and on the continent will meet the needs if it be administered in a personal and sympathetic way through an advisory committee.

Those who have studied abroad know that the routine method is for the graduate to attend the instruction given to the students of the senior years in Medicine, to follow the ward rounds and to go to the out-patient department picking up what he can. If special instruction is required in order to enable him to follow the clinical work, this is obtained privately from a tutor. The University hopes to improve on this method.

A standing committee has been appointed whose duty it is to give to any graduate interested, advice as to the clinics and lectures which should be taken and to confer with the heads of departments and individual teachers so as to arrange a course in advance for each applicant. Such a course may be modified by the committee if it does not prove suitable.

The fifth year student in Medicine is now receiving the most advanced type of clinical instruction, and his teachers often take

advantage of the modern laboratory training given in the junior years and may thus make their instruction somewhat difficult to follow by those who have not had this preliminary training. The teacher will, however, be prepared to explain privately any difficulties, to recommend such books as will clear away these difficulties or through the committee to arrange for some special laboratory instruction.

All the library facilities of the University will be open to any post graduate student under the usual conditions.

The staff fully realizes that every effort must be made to render the visit of each post-graduate student both pleasant and of real value. Instruction may be obtained as outlined above in the following:

Medicine.
Surgery.
Obstetrics and Gynecology.
Pediatrics.
Otology, Rhinology, Laryngology.
Ophthalmology.
Preventive Medicine.
Pathology and Bacteriology.

Applicants for courses should remember that the shorter and the more general a course they desire the more difficult it will be to arrange to meet their needs and the more superficial the training that they receive is likely to be, while the longer the period they can devote and the narrower the field, the easier the committee will find it to meet the requirements and the more thorough will be the training.

The University will impose a minimum fee of $10 per month. This will be imposed for any course of less than a month as a registration fee. In such cases where extended work and attention is required, a special fee to cover the same will be arranged by the committee.

Extension Lectures.

In order to aid medical societies or groups of physicians to keep up-to-date, the committee is prepared to arrange lectures for such societies.

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And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

Vaccination easily holds first place in the public eye at the present time, so far as Toronto is concerned, Montreal, the Ontario Board of Health, and the attitude of the United States authorities toward travellers into their land from the Province of Ontario. Compulsory vaccination seems to go against the grain in many people. In this as in other medical matters, it surely is sufficient for the family physician to act the part of the adviser, not that of the "boss." The physician has done his duty when he gives proper advice. If the people do not choose to take it—then it is "up to them."

From the viewpoint, however, of the medical officer of health, compulsory vaccination is another matter. He is charged with enforcing the law. He has need, therefore, in the face of an epidemic to enforce that law wisely. The question arises, then, is it essential to enforce compulsory vaccination in the face of an epidemic which, although widespread throughout Toronto, has not caused a single death?

There is another aspect of the question which needs to be set on a scientific basis—immunity. Why is it necessary for some public health authorities to exact certificates of vaccination within three years, five years, or seven years? Is it known how long

immunity lasts? Perhaps immunity lasts longer in some than in others. At one time it was recommended that vaccination be performed in infancy—about the seventh month—the magic seventh again! re-vaccinated at puberty; and later on in manhood. Jenner was of the opinion that immunity might even last throughout life.

Again, if immunity counts for anything, why should a medical officer of health, or any other person, be repeatedly subjecting himself to vaccination to see if it will "take?" Strong endeavors should be made to ascertain whether immunity lasts two, three, five, seven, ten, or a score of years! If this is not known why mention years at all. Better to advise all to be promptly vaccinated in the face of an admitted epidemic. Shall the limitation as to numbers be put upon epidemic arbitrarily? How many, in say 100,000 of the population?

It is interesting in this connection to see that the Premier is in favor of vaccination—has he not been vaccinated several times? One clause of the Farmers' political platform reads: "The establishment of measures of direct legislation through the initiative, referendum and recall. The initiative is new in the political life of Ontario; but it is interesting to note here that in Zurich, from 1869 to 1893, nineteen initiatives were voted upon. Fifteen of these proposals the Legislatures disapproved, but the people by their vote enacted three. One of these three abolished compulsory vaccination. Will the Province of Ontario at some time, when the initiative, referendum, and recall are vogue, submit, or refer, the Ontario Vaccination Act to a vote of the people?

Another question that is being asked: If any municipal council can over-ride the law of the province, such as vaccination, why may not police courts refuse to try other offences against laws founded on compulsion, such as the Ontario Temperance Act?

The Workings of Protectionism is the heading of an article in the *Farmers' Platform Handbook*. It has such a marked bearing on one of the business aspects of the practice of medicine that a few lines from one paragraph might well be wished on some of those with whom the medical man comes in contact. "Nobody has a right to take any of the service or any of the money of another person without giving in return an equivalent either in service or in some other form of value. This is a fundamental principle of morality and justice which neither an in-

dividual nor a Government has a right to violate." Now and again a physician will come across an individual who will take all the service the physician can give him, to the extent of many calls, oftentimes much travel, and hours and days of time, and then refuse payment of his bill because his "treatment" never benefited him. These individuals are to be found not only in the humblest walks of life, but in the very highest and among the most wealthy. Push this lack of principle to the utmost and the estate of a deceased person might disown payment of the doctor's bill because the patient died. Perhaps the profession does not visualize enough the *services rendered*, rather than the treatment given.

And Still They Come. "Alexanderopathy" is the very newest. This new cure of disease, no doubt, will in time rival the many aspirants for popular favor. Alexander is a musician of New York and sits and cures while he fiddles. Of course he has written a book. If any member of the medical profession wishes to know all about it, why, certainly, become a sucker—and buy the book. Failing this, the physician may learn something about it from Peterson, in the *J.A.M.A.*, Dec. 6th, 1919. Here is a little of the system: "One gathers by careful reading (of the book) that the first principle is to establish a normal kinesthesia by placing the patient in a position of mechanical advantage which induces a perfect system of natural internal massage such as has never before been attained by ordinary methods, and which is extraordinarily beneficial in breaking up toxic accumulation, thus avoiding evils arising from autointoxication."

Send Us Women Doctors is a voice crying from the west. At the present time there are thirty-one young ladies preparing for the medical profession in the Manitoba Medical College. Manitoba Medical College was founded in 1888, and up to the present only eight women have been graduated. The effects of war are here manifested; women are entering, or have entered, many different walks of life, almost hitherto denied them. There is said to be an enormous shortage of physicians throughout all parts of the west, especially in outlying districts. The trend of population from the country districts has had its effects, too, upon the medical profession. Country practice is a hard vocation, but

the people have to be supplied with physicians. Perhaps some of the abundantly supplied cities will in time fill the keenly-felt want. Perhaps some of the different cults of practice might be induced to invade rural communities. There must be an enormous field in every province, in country districts, for multo-paths, do., ditto., &c., &c., et cetera.

A Dominion University Might Eventuate should Queen's medical faculty move on to Ottawa. The talk of this ultimately taking place, it is understood, has been revived both in Kingston and in Ottawa. The City of Kingston would sincerely regret to lose this splendid university, but the city's loss would quite probably be the university's gain. If such an occurrence were mooted as a Dominion University established at Ottawa, could the Dominion Government aid in the enterprise? Ottawa is a growing city and has quite likely a great future before it; and it seems fitting that the Capital of Canada might well be chosen as the site for a Canadian university which could offer facilities for study, in time, equal to, perhaps surpassing, both McGill and Toronto.

Diabetic Food.—From the Laboratory of the Department of Health, Ottawa, a pamphlet has recently been issued on the important subject to physicians of diabetic foods. Physicians who are interested in these foods should write to the Department for a copy of the same. Of nineteen samples of these foods sold to inspectors of the department as gluten flour, only four of them meet legal requirements for the article. Dealers, of course, cannot be blamed for this, but it is questionable to handle an article of which they are not properly and thoroughly seized as to its reliability. Gluten Flour has been defined by Order in Council as follows: "Gluten Flour is the clean, sound product made from flour by the removal of starch, and contains not less than five and six-tenths (5.6) per cent. of nitrogen, not more than ten (10) per cent. of moisture, and not more than fifty (50) per cent. of starch." Gluten Flour is the only product of this class which is legally defined in Canada.

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Charles E. Frosst & Co. Montreal

REPORT OF THE EXECUTIVE MEETING OF THE ONTARIO MEDICAL ASSOCIATION, TORONTO, SEPTEMBER 24, 1919

At this meeting of the executive, many matters of interest to the medical profession in Ontario, were discussed and arranged.

Pursuant to instructions laid down at the last annual meeting of the Association, the executive divided the Province of Ontario into ten counsellor districts. This step was deemed advisable in order that each counsellor might have a territory which would enable him to render the best service to the profession in general and the Association in particular.

The following is a list of the executive as now constituted:

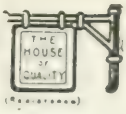
President, Dr. F. W. Marlow, Toronto; 1st Vice-President, Dr. J. H. Mullin, Hamilton; 2nd Vice-President, Dr. J. H. Farley, Trenton; Hon. Treasurer, Dr. G. Stewart Cameron, Peterboro; Hon. Secretary, Dr. T. C. Routley, Toronto; Dr. J. A. Macgregor, London; Dr. E. R. Secord, Brantford; Dr. George S. Burt, Owen Sound; Dr. J. P. Morton, Hamilton; Dr. F. A. Clarkson, Toronto; Dr. T. S. Farncomb, Trenton; Dr. H. A. Boyce, Kingston; Dr. Fenton Argue, Ottawa; Dr. Edgar Brandon, North Bay; Dr. E. B. Oliver, Fort William.

It was also decided at this meeting that the fortieth annual meeting of the Ontario Medical Association would be held in Toronto on May 26th, 27th and 28th, with the Com. on General Purposes meeting on May 25th.

With regard to University Post Graduate Extension Courses, it was decided to advise the committee in charge of this department to at once get into communication with the various medical faculties and the profession at large, in order that much good may accrue to the profession through this department. Members of the profession have already been selected to address district and county society meetings, and it is hoped that in the very near future a bureau will be established in the secretary's office, which may be utilized by all local societies desiring the services of outside men to address them.

At an early date each county and local society will receive definite instructions, accompanied by an application form for affiliation with the Ontario Medical Association, and it is particularly hoped that every society will give this important matter the attention which it deserves.

In order that the profession may be kept properly informed as to the activities of the Ontario Medical Association and the



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work of its executive during the year, it was decided to have the report of the last business meeting of the Association printed for distribution to the county societies, and also to have synopsis of the points of interest decided at executive meetings forwarded to the various medical journals for publication.

F. W. Marlow, *President*
T. C. Routley, *Secretary.*

Reviews

International Clinics, Vol. III. Twenty-ninth Series. 1919. Philadelphia and London: J. B. Lippincott Company. Montreal office, 201 Unity Building.

Eight contributions of a clinical character; seven articles on Medicine; one on Dermatology; Obstetrics, three; Neurology, two; Surgery, three—make up this practical and excellent volume. The book is profusely illustrated. *International Clinics* is a welcome friend to its many readers. It is a quarterly of pronounced value; and exhibits timely articles on all branches of medical science and medical art.

The Surgical Clinics of Chicago, Vol. III, No. 1, with 117 illustrations. Published bi-monthly. Philadelphia: W. B. Saunders Company.

The Medical Clinics of North America. Published bi-monthly by W. B. Saunders Company, Philadelphia and London. Canadian Agents: The J. F. Hartz Company, Toronto.

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News Items

Mr. Charles A. Clouting, editorial writer for the *Medical Record,* New York, as well as for other medical journals, has returned to England.

Laval University, which was recently destroyed by fire, will raise $3,000,000 for rebuilding. Laval will also institute pensions for professors in all departments.

Dr. James Playter McMurrich, Professor of Anatomy in the Medical Department of the University of Toronto, has been appointed Chairman of the Board of Graduate Studies at the University.

The N.C.O.'s. and men of No. 3 Canadian (McGill) Hospital will form a club. Brig.-Gen. H. S. Birkett, Dean of the Medical Faculty of McGill and Officer Commanding of the Hospital in France, presided at the initial meeting.

By the will of the late Mr. Hiram Robinson, Ottawa, the General Civic Hospital, Ottawa, will benefit to the extent of $100,000. The Salvation Army will also receive $10,000 for a hospital to be erected in Ottawa.

Dr. J. Harold White, who saw service in Gallipoli, Egypt, and other places in the East with the R.A.M.C., recently returned from England and passed through Toronto on his way to Moose Jaw. He will shortly come east and spend the winter in Peterboro'.

Mr. Robert A. Holmes announces that he is entering practice as a Medical and Surgical Masseur, after three years in military practice as chief instructor of massage at the Military School of Orthopedic Surgery and Physiotherapy, Hart House, Toronto. He can be found at 322 St. George Street, Toronto.

A New Specialty Wanted by a Prominent Firm.—The Marvel Company, manufacturers of the Marvel "Whirling Spray" Syringe, is looking for a new ethical preparation or specialty that can be introduced to physicians or to the public, through advertising. Nearly every physician has a formula or an idea of an instrument or appliance which he thinks would be of great benefit to mankind and prove profitable to the manufacturer, but is not in a position to exploit it. The Marvel Company will consider the purchase of same either for cash or on a royalty basis, providing the proposition appeals to them. Formulae for the ordinary household remedies will not be considered. Address, Marvel Company, No. 25 West 45th Street, New York City.

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Publisher's Department

German Poison Gas Factories.—The Allies in occupation of German territories have the right of access to the German chemical factories situated in the area, and an Inter-Allied Commission has visited the principal works devoted to the manufacture of dyes, medicinal products and standard chemicals. During the war these were occupied with the production of poison gas used in warfare. Major Theodore W. Sill, reporting on his visit as a representative of the United States on the Inter-Allied Commission, reports that, notwithstanding the air-raids to which the factories were subjected, these German plants, "probably the greatest of the potential possibilities for war-material production, are in splendid condition with a large, highly trained force of employees, and, moreover, with additional opportunities for increasing their production by utilizing the extra equipment added for war-material production." The lack of oil and greases for lubrication of the machinery is the only apparent handicap in the factories. Major Sill warns the American people that this German industry is "a dangerous factor in the struggle for commercial supremacy, and also a potential source of war-material production unless properly controlled." The report (*Journal of Industrial and Engineering Chemistry*) then describes the visits paid to the various poison-gas factories.

"Arriving in Cologne, we made our headquarters there while making a tour of investigation through the plant of the Farbenfabriken vorm. Friedrich Bayer & Co., at Leverkusen, and also the plant of Weiler-ter-Meer at Uerdingen-on-the-Rhine.

"The plant of the Bayer Company stands out pre-eminently as the best and most modern of German chemical plants. It is a veritable city in itself, well laid out, with excellently constructed streets and brick buildings. Their office building and recreation buildings for the employees are luxurious palaces. This plant has expanded considerably during the war, and, despite the contrary assertions of its directors, was widely engaged in the manufacture of war products, particularly poison gases. We had the opportunity of meeting Dr. Duisberg, the chief director, and, incidentally, one of the ex-Kaiser's right-hand men in the development of the war. Many will remember him from his visit to this country at the time of the Chemical Congress in 1912. Incidentally, he hopes to be over here again very soon to see his 'old-time friends.'"

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Original Articles

SURGERY IN DIABETICS

By Marcel Labbe.
Professeur Agrégé a la Faculté de Paris, Medecin de la Charité.

There are few situations more delicate than that of the physician who has to assume responsibility for surgical intervention in a case of diabetes. Should the patient be operated upon? Is there less danger in temporizing than in operating? What anesthesia should be used? What pre- and post-operative treatment should be followed? These are serious questions, difficult to decide, because many points are not yet settled in spite of important contributions by Becker, Naunyn, Ruff, Karewski, Berger, Pouced. I propose simply to state the problem and to present certain indications, based upon rather numerous observations.*

The main conditions rendering operations in diabetics dangerous are: 1. Hyperglycemia; 2, Acidosis. I do not mention the dangers due to vascular lesions, because while these occur frequently in diabetes, they are not essentially diabetic lesions: they are due to associated conditions (syphilis, arteriosclerosis, Bright's disease). Gangrene due to endarteritis in the extremities does not occur in young subjects with severe diabetes, but in the moderate diabetes of stout subjects, suffering from venal sclerosis.

I. *Hyperglycemia.* Hyperglycemia favors suppuration. Some years ago this was the main dread of the surgeons: Roser, Israel, König had insisted upon the necessity of reducing the hyperglycemia before operation, by a suitable diet. To-day suppuration is less feared; in aseptic operations it is rarely a fatal complication. Numerous cases of healing by primary intention could be cited. In order to cause suppuration, there must be not only

*Labbé, La chirurgie chez les diabetiques. Academie de Médicine, 19 Mai. 1914.

a predisposition, but bacteria, and the surgeon does not usually introduce them.

Complications resulting from hyperglycemia, while they often delay the cure, are practically never fatal. They can be prevented by reduction of the hyperglycemia and glycosuria, by appropriate diet; carbohydrate restriction. This preventive treatment is especially useful when surgery is performed in areas like the perineum, subject to soiling by the urine.

When the surgeon is faced by suppuration (phlegmon, carbuncle, moist gangrene) requiring immediate surgical intervention, the hyperglycemia must be reduced as quickly as possible. It is here that the absolute fast, with or without purgation, is of great assistance; the aggravating action of fasting upon acidosis should not be feared. This has been considerably exaggerated. I have observed cases of diabetic acidosis, in which fasting diminished the ammonuria and acetonuria.

II. *Acidosis.* This is a much more serious menace. It causes post-operative coma, and speeds the death of many diabetics. Hoffa has cited striking cases of post-operative coma, in cases which were sugar-free after diet. Death supervened in one day, sometimes more slowly or occasionally at the end of several hours, the subject never awakening from the anesthesia and falling thus into coma.

Numerous conditions affect the course of post-operative acidosis; these are the severity of the diabetes, the nature of the operation performed, the anesthetic employed, and the treatment followed.

1. *The severity of the diabetes.* In diabetics, suffering from emaciation and acidosis, the slightest operations are dangerous; chloroform is almost fatal; a simple incision, even without anesthesia, may lead to coma.

In diabetics without emaciation, but in an attack of acidosis, the danger is also very great, but the resistance is better. Many such subjects survive after operations under general anesthesia.

In diabetics without emaciation or acidosis, coma, as a rule, need not be feared; but it should not be forgotten, because operation under an anesthetic may cause the appearance of acidosis in a subject who did not present this symptom before operation. I saw such a complication, in a diabetic woman, who had been under chloroform one hour for a perineorrhaphy. Before the operation her urine contained no diacetic acid; at the end of the operation a catheterized specimen of urine gave a strong Gerhardt reaction; for three days the patient was in danger, but thanks

to energetic alkaline treatment she recovered, and several days later the acidosis diminished and then disappeared.

Thus the pre-operative condition of the patient assists in determining the prognosis. Three degrees of severity can be distinguished: 1, diabetes with emaciation and acidosis; 2, diabetes without emaciation but with an attack of acidosis; 3, diabetes without emaciation or acidosis.

2. *The Nature of the Operation.* The nature and the gravity of the operation are conditions which influence the danger of acidosis. Extensive operative traumata and operations requiring a long time are most to be feared. Pre-operative anxiety caused by fear of the knife may also play a part; I have seen one case in which such anxiety was the cause of a severe attack of acidosis in a diabetic without emaciation. Acetone rose from 0.32 to 0.51, and diacetic acid, which was not present before, appeared in the urine. But, in fact, the anesthetic is more dangerous than the knife in operations upon diabetic subjects.

III. *The Anesthetic.* The most dangerous anesthetic is chloroform. It may even produce mild acidosis in non-diabetic subjects. Rolland has reported frequent acetonuria and occasionally diacetic acid in the urine, following chloroform anesthesia; Baldwin has seen acetonuria as a result of chloroform and other anesthetics. As a matter of fact, in subjects who have neither diabetes nor liver disease, acidosis is simply a matter of record; I have often looked for Gerhardt's reaction, without ever finding it.

From another angle, Nicloux, who has studied the decomposition of chloroform in the tissues, has reported that it is accompanied by extraction of alkali from the tissues in considerable proportion, with a consequent tendency to acidification. If the organism is healthy, it counteracts the acidosis and repairs the loss, but this does not occur when the organism is sick.

Even in diabetics without loss of nutrition, chloroform may produce acidosis. In cases presenting no emaciation and slight acidosis, chloroform aggravates the intoxication and may precipitate coma, but in any event recovery may take place. I have seen such a case recently—a woman who underwent amputation of the forearm, necessitated by a very severe phlegmon, now has a perfectly healed wound; she still has glycosuria, but no acetonuria.

In diabetics with malnutrition and acidosis, chloroform is fatal. Chloroform should also be feared in subjects with liver lesions. The toxic action of chloroform on the liver has been ably demonstrated by the researches of Doyon, N. Fiessinger,

Chevrier, R. Bénard and Sorrel, Rolland and the observations of Quénu. Severe icterus has been seen to follow chloroform anesthesia, and I have seen several cases of hepatic insufficiency with or without icterus, which caused rapid post-operative death: hepatic necrosis has been produced experimentally in animals, and finally the following substances have been found in the urine of patients operated upon under chloroform: urobilin, albumin, biliary pigments, acetone, glucose (or the possibility of provoking alimentary glycosuria by ingestion of sugar); these are indications of serious functional disturbances of the liver. The tendency of chloroform to injure the liver is one of the chief reasons for the gravity of operations upon this organ.

Ether is supposed to have a less toxic action than chloroform. But one cannot depend on this, for I have seen ether cause the death of a patient, a diabetic, without emaciation, but in an attack of acidosis, for whom the most careful pre- and post-operative precautions had been taken.

Prolonged ethyl chloride anesthesia seems to be the best tolerated by diabetics. I have seen a diabetic, without emaciation, withstand remarkably well an anesthesia lasting fifty-five minutes, under ethyl chloride, for mastoidectomy; he had previously shown traces of diacetic acid in the urine; not only was he free of post-operative complications, but the day after the operation the diaceturia was no longer present.

Boureau, who has had wide experience in prolonged ethyl chloride anesthesias, told me that he had anesthetized seventeen diabetics by this method. Six of these had acetonuria. The operations were of a serious nature lasting twenty to sixty minutes, and requiring the use of 35-100 cc. of ethyl chloride. A number of these patients were of advanced age. In spite of all this he had not a single death.

Spinal anesthesia by lumbar injection of cocaine or novocain is preferable to ether or chloroform in diabetics.

It was well withstood by a patient who underwent disarticulation at the knee for gangrene. No reaction of acidosis appeared in the urine.

Local anesthesia, by means of the subcutaneous injection of cocaine or stovaine, or novocain is the method of choice to be employed in cases of diabetes. I have seen it well tolerated by many patients. It does not provoke acidosis. Professeur Réclus has told me that he obtained excellent results with it in amputations upon diabetics.

IV. *Pre-operative and Post-operative Treatment.* Vegetable diet (dry legumens, oatmeal) or milk diet, either of which counteract acidosis; the administration of a large dose of bicarbonate of soda before the operation may diminish the danger of acidosis. The following case observed at the Dubois Hospital furnishes a good example. This diabetic with acidosis had to undergo, at a few days interval, two successive amputations for gangrene of two toes. The two operations were identical. The first time I gave him 30 grams of bicarbonate of soda before the operation. The result was excellent; the second time this precaution was neglected and the patient went into coma and died.

It has been suggested that preventive injections of glucose be given to combat acidosis; this may be of use in healthy subjects who can utilize the glucose, but in diabetics who do not burn the sugar I see no advantage; on the contrary, it seems quite disadvantageous.

Surgeons seem to be agreed on this point—not to subject patients about to be operated upon to an unnecessary fast. Certain of them even give pre-operative doses of sugar, in non-diabetic subjects.

Even if the main lines of prognosis are known, it does not follow that cases always take the cause indicated in the examples given. There are always unforeseen accidents and successes, inas-much as we are still in ignorance of many of the conditions affecting acidosis. However, one cannot be too conservative about surgical intervention, and especially of general anesthesia in diabetic patients.

Conclusions. The following rules seem to me to be the best guide in cases of diabetes where surgical intervention is necessary.

1. Only those operations should be performed which are absolutely necessary. Particular caution should be used in cases with acidosis. However, it is better to operate than to allow an infection to become generalized which may kill the patient by septicemia or the acidosis which it provokes.

2. The operation, if not urgent, should be preceded by treatment directed against the hyperglycemia and the acidosis. The treatment has the following basis: 1, Mixed diet with little meat and reduced carbohydrate (if there is no acidosis) so as to reduce the hyperglycemia; 2, diet of dry vegetables or oatmeal, or milk if there is acidosis; 3, the administration of bicarbonate of soda in sufficient dosage to render the urine alkaline.

3. Immediately before the operation the fast should be lifted. The patient may also be given 40 grams of bicarbonate of soda.

4. The choice of anesthetic is of great importance. The following are preferred: Local anesthesia with cocaine or its substitutes; if this is impossible, spinal anesthesia; if general anesthesia is necessary use ethyl chloride; in cases of diabetes with acidosis neither chloroform nor ether should ever be used.

5. After the operation, bicarbonate of soda should be given by mouth, or if this is impossible by intravenous injection in sufficient quantity to render the urine alkaline. If there is severe acidosis 100 grams may have to be given. As soon as the patient can eat he should be given vegetable broths, oatmeal soup, purées of dry vegetables, or milk. The alkaline treatment should be continued until all reactions of acidosis have disappeared.

THE SUGAR TREATMENT OF TUBERCULOSIS

By Alexander Sterling, M.D., Philadelphia.

Medical Record.

My object in presenting this paper is to put before the general practitioner, who has very little time for research, the evidence of saccharose experimentation offered by many different investigators, and my personal clinical findings of the effect of saccharose (Lo Monaco's technique) in tuberculosis, and to stimulate clinical interest along this line.

The value of sugar in disease was recognized long ago. Underhill and Closson[1] in their article on "The influence of subcutaneous injection of dextrose upon nitrogen metabolism," have shown from their experiments in the Sheffield Laboratory of Physiologic Chemistry the ability of the body to utilize dextrose after subcutaneous injections. The same observers further suggested that injections of sugar may play an important role in connection with subcutaneous nutrition from a clinical standpoint on account of the great power of the animal body to utilize sugars given subcutaneously.

Gaulston[2] in his paper on the beneficial effect of the ingestion of cane sugar in certain forms of heart disease, illustrating that dextrose is capable of nourishing the heart muscle in a most wonderful and peculiar manner, cites F. C. Lock, of King's College, London, who has kept the excised mammalian heart beating for 91

hours after the death of the animal from which the heart was taken, by means of perfusion with solutions of dextrose carried out daily. The regularity of the heart beats was remarkable, and at the end of this time it was used by Professor Halliburton to demonstrate to a class of students.

Sir James Sawyer[3] in his notes on the therapeutics of sugar, commenting on Gaulston's clinical findings, states that he had also used cane sugar with success for the last ten years in anemia and wasting diseases, and in persons with neurotic manifestations, and found that the patient increased in weight and power; that sugar appears to act both as a nutrient and also as a tonic, the continued administration of which in debilitated and relaxed conditions of the body imparts strength and vigor with permanent effect.

D. Lo Monaco[4] remarks upon the favorable action of sugar in reducing suppuration and hastening healing of wounds. He also found that while small injections of saccharose increased the secretions of the milk in the nursing woman, large doses decreased it, and furthermore if the woman was tuberculous her night sweats and expectoration also decreased, accompanied by a remarkable gain in weight. These results suggested to him the use of saccharose to reduce expectoration in pulmonary tuberculosis. His pupil, Luccherini, reported excellent results; he stated that the secretion, expectoration, and night sweats subsided, and many of their patients had no return of their expectoration after forty to fifty injections. Even the moist râles subsided and some of the patients returned to work. Lo Monaco further states that the sugar treatment was of no avail in tuberculosis with grave intoxication, but acted best when the acute state was past, and the main symptoms were profuse expectoration and night sweats with great debility and emaciation. In such cases the saccharose injections may effect actual resurrection, improvement being manifest by the tenth day. This treatment is very useful also in cases of dilation of bronchi, or asthma, and in emphysema.

Raimondi[5] found that injections of saccharose by Lo Monaco's technique gradually reduced the expectoration and cough but did not modify the fever. He found it valuable as a vasoconstricting agent in reducing the tendency to hemoptysis. The general health of the patient improved but the pulmonary process did not seem to be influenced.

Picodo's results in nine cases of pulmonary tuberculosis with Lo Monaco's method were rather disappointing[6]. In a few the

cough and expectoration diminished; in one the sputum showed blood for the first time, in another the blood-stained sputum seemed unmodified; but the great advantage of this treatment was that the cough and the expectoration might be reduced without injuring the stomach.

Bodmer[7], commenting on the result of his researches on the absorption of subcutaneous injections of saccharose in tuberculosis found that in his fourteen patients all the saccharose was eliminated by the kidney in forty-eight hours. The sugar was eliminated without being inverted. The symptomatic effect of reduction of exudation was pronounced with striking reduction in the amount of sputum. The action was most evident in comparatively recent cases. He had never seen such pronounced effect from any drug, and the only explanation was that of a vasomotor influence.

Sir Clifford Allbutt has said that the new birth of medicine is nothing less than the enlargement of medicine from an art of observation and empiricism to an applied science founded on research. Therefore I think the modern enternist should not hesitate to utilize certain therapeutic measures, especially when the investigators in physiological chemistry laboratories are demonstrating their value.

Why the American internists did not accept the suggestion of the result of the experiments of Underhill and Closson in May, 1906, long before Lo Monaco wrote that "injections of sugar subcutaneously are demonstrating a great power in connection with subcutaneous nutrition," is something which I would not undertake to explain.

My own results in six cases of tuberculosis with saccharose medication are rather confirming and very encouraging. It is a strong supportive therapeutic measure in conjunction with other standard measures.

The tuberculosis patient feels strong; though he may have an elevated temperature he is not depressed; he gains in weight from three to ten pounds. In my patients there was a marked gain in weight only in the first two weeks from three to ten pounds; after that they were either stationary or gained very little. Expectoration and night sweats ceased after six to eight injections; the cough was dry and less troublesome.

I would advise institutions treating tuberculous patients to adopt the saccharose injection as a routine therapeutic measure without fear, it being absolutely harmless. Any dependable drug store that is making ampoules for intramuscular injection can

make an ampoule containing saccharose, 5 grs. in sterile distilled water, 5 c.c. The ampoule of course must be sterilized by the maker ready for use. Injections to be given daily or every other day. Personally I prefer the gluteal region for all my subcutaneous injections. There is very little pain if one develops the art of injection medication, and if the hypodermic syringe (of 10 c.c. capacity) is heated before use, one will most likely never have an infection.

Case I.—Private J. N., male, aet. 30 years.—Acute pulmonary tuberculosis; sputum repeatedly positive; T. 100° to 101°, P. 90 to 100. Normal weight from 125 to 128 lbs.; present weight, 113 lbs. Constant cough, marked expectoration, night sweats. He has not worked for three months. Had twenty-four saccharose injections besides forced feeding, and other systematic medication. He gained in weight to 123 lbs., coughs very seldom, no night sweats, no expectoration. He feels strong and has been working for the last four months. The sputum is still positive tuberculous.

Case II.—Ch. G., physician; moderately advanced pulmonary tuberculosis for three years; returned to Philadelphia after a stay in Arizona for one year. Temp. 99°, P. 100. Had very marked expectoration, three to four ounce cup every night. After six injections the expectoration almost entirely ceased. Doctor G. says that he had no expectoration after the fifth injection, that his cough was absolutely dry; he was afraid he would get exhausted from the dry coughing (as he was under the impression he must expectorate), but the cough was more or less improved and he felt much better.

Case III.—From O. P. D. Clinical Medicine, Jefferson Hospital. J. K., 36 years old, male, moderately advanced tuberculosis; cough, with marked expectoration, night sweats, great debility, sputum repeatedly positive. T. afternoon, 100° to 102°, pulse 100 to 140. The patient had twenty-four injections, and now feels stronger and has gained 5 lbs. in the past three weeks. He has no expectoration, no night sweats, some cough, temperature is normal in the morning, and 99.5° to 100° at 3 p.m.

Summary. 1. In this series of patients with tuberculosis the subcutaneous injection of saccharose had very little if any effect upon the progress of the fever.

2. Night sweats and expectoration ceased almost immediately.

3. The reduction of the cough was not in proportion to the reduction in the expectoration, hence a dry and distressing cough

might be present in the beginning, but it was more or less controlled later.

4. There was a marked gain in weight and strength with an amelioration of the toxemia and its depression.

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3. Sawyer: *Brit. Med. Jour.*, April, 1911.
4. Lo Monaco: *Presse Medicale*, Dec. 5, 1918, abstracted in *Medical Record*, Feb. 1, 1919, xcv, 207.
5. Raimondi: *Presna Medica Argentina*, abstracted in *Journal A. M. A.*, May 13, 1919, p. 1337.
6. Picodo: *Semana Medica*, abstracted in *Journal A. M. A.*, March 22, 1919.
7. Bodmer. *Correspondez-Blatt für Schweizer Aerzte*, abstracted in *Journal A. M. A.*, April 19, 1919; see also *Medical Record*, June 7, 1919, xcv, 965.

THE ROUTINE WASSERMANN

The collection of accurate statistics in regard to the prevalence of syphilis is such an important matter in venereal disease control that every effort should be made to accumulate such data.

The making of routine Wassermann reactions upon patients admitted to general hospitals is a practical way of obtaining authentic information. Considering the necessity and importance of data in regard to the prevalence of syphilis, hospitals are justified in making the Wassermann test as much of a routine procedure as other blood examinations, unless there is some specific contraindication.

It may not be practicable to require that all apparently healthy children admitted to hospitals for minor corrective operations undergo the test; but with these and like exceptions, and excepting in cases of acute illness when the procedure would be detrimental to the patient, the making of a routine Wassermann test is a desirable measure.

E. T. Burke, M.D., Ch.B., advocating what he terms a "venereal offensive" in an article in the London *Lancet*, makes the following suggestion in regard to venereal control measures in England:

"To estimate the strength of the enemy is a necessary preliminary to an assault. The more accurate the estimate, the brighter are the prospects of success. One valuable measure would be the performance of a Wassermann on every patient admitted to hospital.

"At the present day, on account of the prevalence of syphilis, this is an essential routine. It should be as invariable a rule that

a Wassermann test should be done as that the urine should be examined. Not the least valuable effect of this would be that the results would furnish us with a more accurate index as to the prevalence of the disease. Were it continued for a period of years, it would indicate whether or not any progress was being made toward eradicating syphilis from the community. The first effect produced where this routine has been adopted has been to cause a feeling of astonishment at the large percentage of positive results. An examination of figures from [a few] American hospitals shows that on an average 19 per cent of patients admitted, not apparently suffering from syphilis, give a positive result. We cannot hope that our experience in England would be in any way different. We would at once discover an immense hospital population suffering from undiagnosed, untreated, and unsuspected syphilis. It is they who recruit the ranks of locomotor ataxia, aneurysm, and general paralysis of the insane; they form the 60,000 annual victims.

"It is more important to do a Wassermann on a patient admitted for a fractured femur than on one suffering from lightning pains and whose knee jerks are gone. As a diagnostic aid or as an indication for treatment it is, in the latter case, practically a waste of time. If in the former case the result is positive, antisyphilitic treatment would have a twofold effect. It would hasten the repair of the fracture, and would, in addition, greatly limit the liability of the patient to be readmitted some years later suffering from the quaternary stage of syphilis. A great use of the Wassermann is to be found in its application to cases where syphilis is unthought of.

"The laboratories for the performance of the test are in practically every hospital. New ones are springing up all over the country. Competent workers are being trained. Here, then, we have ready everything essential to making a practical attack upon communal syphilis. When the routine Wassermann is done upon every hospital patient a real and great step will have been taken toward dealing with what is undoubtedly the largest and most vital problem in public health work today." *U.S. Public Health Reports.*

News Items

Dr. John H. Duncan, M.B., '15, Toronto, is doing X-ray work in Sault Ste. Marie, Ontario.

Dr. R. M. Harvie, Toronto, '16, is house surgeon in the Moses Taylor Hospital, Scranton, Pa.

Dr. W. A. Lowe, Toronto, '16, and Dr. Vernon Greaves, '16, are in partnership in Bruce Mines, Ontario.

Dr. J. R. Miller, Toronto, '19, is medical officer with the Schrœder Lumber Company, at Pakesley, Ont.

Dr. B. E. Kelly, '08, Toronto, was recently presented with a silver service by the Peterboro' Medical Society.

Major Howard H. Burnham, Toronto, has been appointed house surgeon in the New York Eye and Ear Hospital.

Captain B. H. Olson recently resigned his position as medical superintendent of the Balfour Sanatorium, British Columbia.

Dr. Joseph Radford, M.O.H., Galt, Ontario, has been made medical inspector of schools of that town at a salary of $1,500.

Dr. Isaac Cohen, Toronto, '16, Dr. J. E. Gimby, '17, and Dr. I. M. Floyd, '18, are all practising in Sault Ste. Marie, Ont.

Major Ambrose L. Lockwood, Brockville, Ont., has joined the Mayo Clinic as a surgeon. He was with the R.A.M.C. from 1914 to 1919.

J. G. W. Hunt, M.B. '03, Captain C.A.M.C., was awarded the Russian Cross of St. Vladimir in July 1917, for services in the Anglo-Russian Hospital at Chernovitz.

Major F. J. Colling, who had charge of the medical services for the British Military Mission in Siberia, has returned to Toronto. He was three years in the R.A.M.C., being attached to the Scots Greys.

Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

Medicine: Graham Chambers, R. J. Dwyer, Goldwin Howland, Geo. W. Ross.

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GEORGE ELLIOTT, MANAGING EDITOR.

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Vol. LIV. TORONTO, FEBRUARY, 1920 No. 2

COMMENT FROM MONTH TO MONTH

Wood Alcohol. The late Dr. Frank Buller, Montreal, and Dr. Casey A. Wood, another Canadian practising as an eye specialist in Chicago, were the first to call attention to the dangers of wood alcohol ingested into the human stomach. Numerous cases were cited where this deleterious agent had proved deadly, and special attention was drawn to it as a very dangerous product, and one which often caused blindness. Governments were importuned to take active precautions to see that the ignorant would be protected from the all too frequent accidents caused by a lack of knowledge of this product; and quite recently, since prohibition had come into force, the medical press had cautioned time and again against the use of wood alcohol for beverage purposes. It is understood now, since the wholesale disasters have occurred in Connecticut and other places, that the Ontario Board of License Commissioners purpose doing something to protect the public in this direction. Man's appetite sometimes runs away with his reason, although his reason is given him to govern his emotions and appetites. He can scarcely be expected to fully exercise his reasoning powers unless he is possessed of a certain amount of knowledge along the lines he is expected to exercise

his reason. Therefore it is the duty, where there is danger, for those possessed of the knowledge of it, to make that knowledge available to all citizens.

Sir William Osler. The world has paid its tribute to one of the greatest Canadians. In Canada, Osler had for many years been a household word, not alone for the great distinction and honor which had come to this son of a great family; for other sons were famous in the Dominion, while yet Sir William was winning his spurs. It has been said of Sir William Osler that he owed his pronounced popularity in no small measure to the fact that he possessed that happy faculty, which is rare or not exercised by other great men, of being able to recognize a man when he met him. It did not matter any who or what the man was. It was sufficient for Sir William that he had come in contact with him somewhere before, and he apparently never forgot a face. He was approachable to a remarkable degree, which, we believe, is one of the outstanding characteristics of all great and noble members of the medical profession. That points in the medical profession to an *esprit de corps,* which is one of the real assets of the profession. Would that it were more widely recognized and that the medical profession would stand together more effectively when a wrong is done to one member thereof!

Hiccoughs. Hiccup, or "hikof," is defined as a sharp inspiratory sound with spasm of the glottis and diaphragm. In a recent book on nervous diseases, the author says it is usually referred to the phrenic nerve, and that the diaphragmatic action is considered its most important feature. It may be associated with disturbance in respiratory centres. At the present time there appears to be some danger of hiccups becoming epidemic, as it is engaging the attention of medical officers of health. Sometimes it may be dependent upon reflex irritation in the intestine; and should an epidemic arise, medical men should be very careful to exclude this origin of the affection. Our foods are such that apparently many altogether unusual maladies may be caused from irritation in the intestines, especially the colon. It is quite likely that there is a sensitization of the nervous system throughout, which in these cases manifests greater preponderance in the phrenic nerves. Hiccup has been noted before in such cases as

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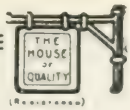
uremia, syncope, after hemorrhage, suffocation, in cholera: then it is of serious moment. It would appear that through some reason there is a lowered resistance by some agent not at present understood which specially manifests itself in these nerves; and if that agent can be traced to the bowels the treatment is quite evident to all.

Encephalitis Lethargica. Here is another new disease which is causing anxiety. There are said to have been some twenty odd deaths in Winnipeg alone; several have occurred in Toronto; two or three in Hamilton, and other places. It would be interesting to know if any of these diseases which concern the profession very much could be traced to animals or fowls. Is the medical profession, or the investigators therein, taking sufficiently into account the probability of the origin of disease in this way in the human being? Are we studying comparative medicine sufficiently to eliminate any possible source of infection in this direction?

The Organism Responsible for Epidemic Infuenza is yet elusive; it has not been definitely isolated. Writers on the subject seem to favor very much one thing essential to the disease, and that is, *lowered tissue resistance*. What is this? How is it brought about? Would it not be to the advantage of the treatment of patients with influenza if it were known just what brings about this lowered tissue resistance. Another item: Is this lowered tissue resistance periodic in its nature as the disease itself seems to exhibit also a periodicity? Attention should be turned to *lowered tissue resistance* to ascertain just what brings that about; then may different diseases become better understood. It seems that lowered tissue resistance plus infection may account for many. Do we get diseases of this character without lowered tissue resistance?

The Medical Clinics of North America. Volume 3, No. 2. (The New York Number, September, 1919.) Octavo of 270 pages, 35 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Published bi-monthly. Price per year: Paper, $10.00; cloth, $14.00.



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Correspondence

To the Editor, DOMINION MEDICAL MONTHLY.

Dear Sir:—At the suggestion of the Chief Officer of the Provincial Board of Health for Ontario, I am sending the following communication to the *Public Health Journal,* concerning the value of convalescent serum in the treatment of influenza.

Toward the end of the outbreak in 1918, convalescent serum was used with very good effect. Indeed, some of the reports on its use indicated that it was of remarkable value, even when administered in the early stage of pneumonia.

The preparation of the serum is simple. All that one has to do is to separate the serum by centrifugalization from the blood of a patient convalescing from a sharp attack of influenza.

It is interesting to note that a similar form of treatment is used in the treatment of swine fever which, I hold, is the same disease as influenza in man. Veterinary practitioners have, I understand, at their disposal a stock serum for this purpose. This serum is prepared from hogs convalescing from swine fever, and it has been found very valuable in the treatment of this disease. Personally, I should like to see this hog serum used in the treatment of influenza.

I feel that the use of convalescent serum in the treatment of influenza is such a valuable one that the profession generally should be apprised of it.

Yours truly,
GRAHAM CHAMBERS.

Toronto, 26 Gerrard Street East.

Teaching the Sick. A Manual of Occupational Therapy and Reeducation. By GEORGE EDWARD BARTON, A.F.A., Director of Consolation House, President of Consolation House Club, etc. Illustrated. Philadelphia and London: W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Toronto.

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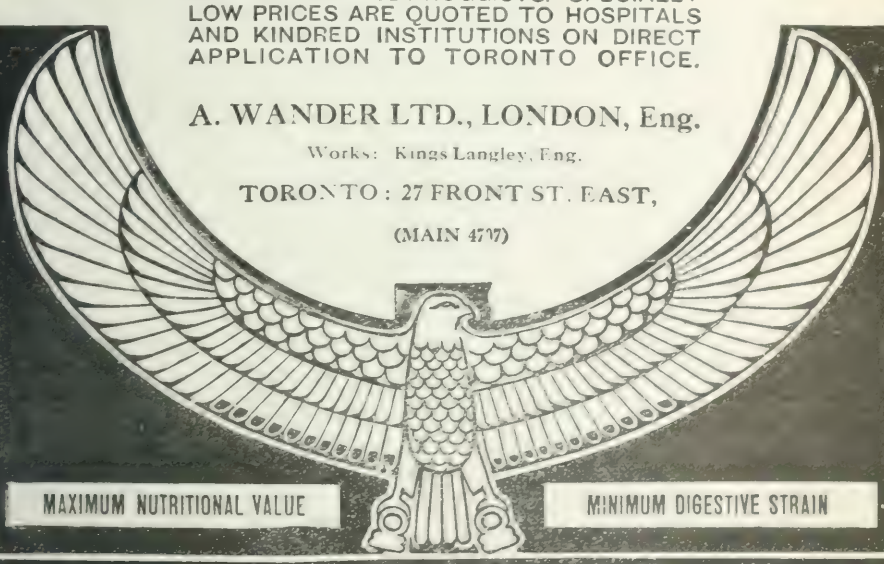

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In an age when the written word runs into millions every year, fearless, indeed, is the writer who dares to produce "mere words." To hold a reading audience, facts and facts only are an essential, and the portrayer of facts is the popular author of the day.

The physician, in his ever constant search for additional knowledge, is entitled to the best there is, and with this end in view a brochure, "The Pneumonic Lung," has been published in the belief that therein the discriminating physician will find some facts which will aid him in the pursuit of his professional duties. The text matter of this booklet is the result of long and exhaustive study of the literature on pneumonia in its different phases, and in its preparation the works of practically every standard author who has discussed internal medicine have been consulted. The clinical records of hospitals have been a source of information and confirmation; the most recent discussions on pneumonia in American, British and French medical journals have been perused, and no field which would yield information has been left untilled.

The illustrations have been painted especially for the accompanying text. The subject has been given the closest attention and study, and no opportunity has been neglected to attain the close

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pathological and anatomical touch so essential in bringing out the necessary details, thus adding to their practical value. Expense has been no factor in the production of this brochure. With the object of presenting to physicians a booklet which would refresh their knowledge of the etiology, pathology, symptomatology and treatment of a most destructive disease, and in order that they might constantly have at their elbows an authoritative and most practical exposition of the subject, the authors have gone deeply into the matter.

Physicians may obtain, without expense to them, a copy of this interesting booklet by addressing The Denver Chemical Mfg. Co., 20-34 Grand St., New York City, N.Y.

Prophylaxis and Treatment of Influenza and Influenzal Pneumonia. Dr. E. C. Rosenow, of the Mayo Clinic, has probably done more to determine the prophylactic value of vaccines in influenza than any other individual in the country. He reported on the use of a prophylactic vaccine last winter. There were 100,000 cases under observation, with 300,000 controls. He declared that the incidence of influenza was about three times as common, and the death-rate five times as high among the inoculated as among the vaccinated persons.

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What about the treatment of influenza and influenzal pneumonia?

Physicians who employed pneumonia phylacogen last winter with the most striking results gave an initial injection of 16 minims immediately to every patient who came down with influenza. The secoond day the dose was increased to 32 minims, the third day to 48 minims, and so on until convalescence was established.

When pneumonia had already developed, 16 minims of pneumonia phylacogen were administered immediately. Twelve hours later 32 minims were injected, and the dose was gradually increased every twelve hours until the critical period had been passed.

Parke, Davis, and Company, Walkerville, Ont., will be pleased to send a copy of a new booklet, "Prophylaxis and Treatment of Influenza and Influenzal Pneumonia," to any physician requesting it.

Dominion Medical Monthly

And Ontario Medical Journal

Vol. LIV. TORONTO, MARCH, 1920 No. 3

Original Articles

STAMMERING AS IT OCCURRED IN THE WAR*

By R. G. Gordon, M.D., B.Sc., M.R.C.P.Ed.,

Late Captain R.A.M.C.

During the war stammering was a common neurosis in soldiers. It was met with either as a fresh symptom which had never been manifested by the patient in earlier life, as an aggravation of a pre-existing condition, or as a relapse of a disability which had been in abeyance for many years.

The importance of stammering varied with the rank and duties of the soldier; less significant in the private, it was of great importance in the officer or non-commissioned officer.

Now that all ranks are returning to civil life, this disability is a trying one, for in searching for work a man naturally feels himself handicapped if he cannot freely express himself in speech.

In my experience stammering is seldom a mono-symptomatic neurosis, but is accompanied by a certain degree of psychasthenia, manifested by insomnia and nightmares. In this respect it differs from aphonia, the other common functional speech defect, which is not, as a rule, associated with any interference with the mental faculties. Stammering itself, however, is a true hysterical symptom in the sense of Babinski's[1] definition, that hysteria is a condition in which symptoms are present which have been produced by suggestion.

Roussy and L'Hermitte[2] attempt to distinguish between real stammering and hysterical stuttering, but this seems to be an artificial division of a symptom which has a common origin, however and whenever it has arisen.

In the discussion of any hysterical condition, it is necessary to consider what factor originated the suggestion that has been

*British Medico-Chirurgical Journal.

accepted by the patient, and what are the physical and mental abnormalities induced by that suggestion.

A stammer may be acquired in three ways, either under the stress of some emotion, or by imitation, or in the course of recovery from mutism or aphonia. The emotional disturbances which tend to induce stammering are fear and anger, and especially fear. At this point it may be as well to make it quite clear what one means by fear. The emotion of fear is not synonymous with cowardice. Almost everyone is frightened by a sudden loud noise or unexpected blow, but most people quickly control the fear, and therefore their resultant action is not "panicky," and they are not cowards. Thus almost every soldier was constantly being frightened, but very few were cowards.

Many observers from Darwin to Cannon have increased our knowledge of the results of the emotions, and one of the principal expressions of the two most dynamic emotions is an increase in muscular tone. This is at first a beneficial preparation for the co-ordinated action of an attack or retreat, but if this co-ordinated action is prevented, then the energy which ought to be so used is diverted in "expressions" which become exaggerated and detrimental. Amongst other things the hypertonus of the muscles becomes an actual rigidity.

If this affects the muscles of respiration and voice production, stammering may temporarily ensue as a secondary expression of the emotion. Normally this will pass off when the individual regains control over his emotion; but if his suggestibility is high, or temporarily rendered high by confusion or other cause, he may accept the suggestion that stammering has come to stay, and will continue to suffer from this disability.

Imitation is an innate tendency, stronger in some individuals than in others, and more influential in children than in adults. Stammering is often acquired in childhood as the result of imitation, whether of an actual stammerer or of what Scripture[3] calls a "clutterer."

This term is applied to those who speak so rapidly that their words are slurred into each other. If a young child attempts to imitate this he will almost certainly stammer, for the attempt to speak so rapidly will result in spasm of the muscles of the voice production. I have seen several cases where such a history has been quite definitely obtained.

Stammering as a result of imitation also occurred amongst soldiers, just in the same way as there occurred hysterical gaits and ties as the result of copying others in the wards.

When a subject has become hysterically mute or aphonic, it very naturally comes to the conclusion that there is some physical obstacle which prevents him talking. If then in the course of treatment as the result of accident he finds he can frame some words or phonate, he is still convinced that he cannot talk properly. So he continues to commit errors in voice production, the result of which is a stammer, which, if allowed to develop, may be remarkably intractable. Hence, when treating a mute or an aphonic, if he tends to stammer instead of talking properly after regaining his voice, he should never be left in this stage, but treatment should be continued till he talks normally.

Such is the pathogenesis of stammering.

The physical factors will be found to consist of rigidity and wrong use of the muscles of respiration of the larynx and of the mouth. As a rule the muscles in all these regions are at fault at one and the same time, though often one or other group predominates. If the chest muscles are spasmodic, the patient fails to get anything out at all for some instants, then the sentence comes with a rush, the words tumbling over each other in the attempt to complete them before the breath stops again. If the laryngeal and palatal muscles are chiefly at fault, there will be defects over initial vowels, and the harsh, monotonous tone in the voice which is characteristic of stammerers will be noticed. If the action of the labial muscles is spasmodic, stuttering over initial consonants will be the predominant feature of the condition.

The breathing of the stammerer is almost always deficient. If his lung power is tested on a pneumograph, of which the average individual can turn the scale to 240—340, the stammerer will only succeed in turning it to 100—200; moreover, he does not use what breath he has correctly. In voice production phonation should occur during expiration, but the stammerer either tries to produce his voice during inspiration or when the breath is held. Frequently, in addition to the spasms of the muscles involved in speech, there is a "tic" of the facial muscles, so that the patient makes the strangest grimaces when he tries to talk, and in severe cases the arms and even the whole body may share in the universal inco-ordination of muscular action.

Such are the physical symptoms of stammering; but almost more important than this, because of its great influence on the course of treatment of the trouble, is the mental factor.

This consists in the development of the dread of stammering. The patient loses confidence in his ability to get the words out, so he tries to say his words before [illegible]. This

accounts for the fact that all stammerers talk too fast. This mental symptom is the one which is the most resistant to treatment, and many a "cured" stammerer feels this dread, but by means of some trick manages to avert disaster and prevent his infirmity being discoverable to a casual acquaintance.

One patient of mine, who had a very slight stammer amongst other neurotic symptoms, had a dread of certain words, but he was often able to see them coming in the sentence he was speaking, and having a somewhat agile mind, was able to substitute some other word and thus avert his stammer.

The prognosis of stammering depends on various factors. Those men who have acquired their stammer *de novo* in the war ought to be cured easily, and I have had some cases who have been completely cured within half an hour. Those who have relapsed during the war, *i.e.*, those who have once stammered but have lived a part of their lives without stammering, should be relieved again, but their treatment may take longer owing to the greater intensity of the mental dread of stammering. Some of those who have always stammered can be cured, others relieved so that their speech is better than before the war, while all ought to be raised at least to their pre-war level. The ease of treatment will depend on the amount of intelligent co-operation on the part of the patient, and in severe cases on the amount of perseverance and practice he is prepared to devote to this cure.

In treating the stammerer the first necessity is to establish a bond of confidence between doctor and patient, and the latter must be assured that his condition is anything but hopeless. Next it is desirable to find out how the stammer originated, and explain to the patient the pathogenesis of his condition. This to my mind is an essential in the treatment of all neuroses, and while investigating the origin of his stammer one can inquire into and explain to him the nature of his insomnia and dreams, which often co-exist. The patient must next be instructed as to the faults which determine stammering, viz., too great rapidity of speech and the incorrect use of the breath. He should be placed in a recumbent position with his whole body relaxed, so that he may in this way counteract any tendency to spasm. He is then instructed to take long breaths, and his inefficiency in this respect may be demonstrated to him on a pneumograph, if such an instrument is handy. Once he acquires the art of deep breathing he is told that if he speaks during easy expiration he cannot stammer, and he is instructed to say the word "one" during a long expiration, the breath being emitted "through the word." He is told

to count up to ten, taking a long breath between each word, and he goes on at this until he can do it perfectly. He then takes a long breath and says "one, two" in the single expiration, then "three, four," and so on up to ten. When this is perfect he must enunciate "one, two, three" in one breath, then "four, five, six," and so on up to twelve. Next, four numbers in a breath, then five, and so on till he can count from "one" to "ten" during a single expiration without hesitating. Then in exactly the same way he says his name and address, and short sentences of various kinds. He is next given something simple to read aloud, first in the presence of the doctor alone, and then if possible in the presence of others. In favorable cases this may all be done at one sitting; in less favorable circumstances it may take some time to reach this stage.

When the patient is reading the doctor must insist that he reads slowly, takes plenty of breaths, and never attempts to speak except during expiration. These breathing rules, besides counteracting the actual physical faults, divert the patient's attention from the possibility of stammering, and so relieve the mental factor, and often after cure is practically complete the patient can make use of these breathing rules to avert a stammer which he feels is coming.

In cases where the harsh, monotonous voice due to laryngeal spasm is a prominent feature Scripture's[3] "octave twist" is of great use. The modulation of ordinary speech varies approximately through the interval of a third. By exaggerating this interval to the octave the spasm is overcome. The patient does this by reading aloud, causing the note of each syllable to differ from the last by at least an octave—high, low, high, low, and so on. He should not sing this so much as say it; the distinction is expressed in French by the words "chanteuse" and "diseuse." It is remarkable how soon this exercise improves the expression and modulation of the voice.

Where initial consonant stutter is the trouble another trick is useful. Suppose the patient has a difficulty with "b," so that he says "b-b-b-butter," it will be found that he can say "utter" quite well. He is therefore instructed to put his lips together and say "utter." The result is (b)utter, and after a little practice he achieves "butter." The same can be done with any other consonant, by getting him to place his lips and tongue into the requisite position, and then say the word without the first letter.

So far as the mental factor of the loss of confidence is concerned, the patient requires unending encouragement, every im-

provement must be demonstrated to him, and he must be assured of further success as he finds he can talk better. Thus he gains confidence, so that he is able to talk without any self-consciousness at all, or with so little that he can control it and prevent the stammer by some trick which he holds in readiness. These methods have on the whole proved very satisfactory in war cases, and have often improved or cured a life-long stammerer, so that it would seem desirable that we should extend the lessons we have learnt during the war to help our civilian patients.

REFERENCES.

[1] J. Babinski and J. Froment, *Pithiatis et Rééducation*. Collection Horizon. Paris, 1916.
[2] Rousse and L'Hermitte, *Psychothérapie de Guerre*. Collection Horizon. Paris, 1916.
[3] Stringfellow, *Stammering and Lisping*. New York, 1915.

BATHS IN DISEASES OF THE SKIN*

By W. Knowsley Sibley, M.A., M.D., B.C.(Cantab.)
Physician to St. John's Hospital for Diseases of the Skin.

The question of washing and baths is a very important one in the hygiene of the skin. In order to keep the skin, which is an excretory organ, active and healthy, it is necessary to frequently remove by washing the various products of excretion known as the sweat, which rapidly accumulate on the surface. A normal skin is also perpetually throwing off dead epidermis in the form of fine scales, which, when mixed with the sweat and sebaceous material, soon form an unpleasant adventitious layer on the surface. Added to all of these there are various foreign bodies included in the term dirt, which also increase the deposits on the epidermis.

People who either from permanent habit or temporary circumstance do not wash themselves frequently, are much more liable to be attacked by certain parasitic diseases, and when attacked the disease is more likely to be severe and run a protracted course than in those who wash and cleanse themselves daily. Scabies, for instance, when it attacks a skin which is very frequently soaped and washed, has a much greater difficulty in becoming severe and widespread than on one which is left alone. The same remarks naturally apply to all parasitic forms of skin disease, both vegetable and animal.

Numerous baths are useful in the treatment of skin affections.

* The Medical Press

from the simple hot water bath to the more complicated Turkish or Russian, to the various radiant heat or electrical baths. Many of the chronic forms of skin disease owing their origin to an unnatural action on the part of the excretory apparatus of the cutis by anything which stimulates or increases the action of the cutis superficial.

From a therapeutical point of view, baths may be divided into those of water baths, and those of hot air ones.

Ordinary hot water baths with plenty of soap (some use zoin, borax, camphor, carbolic, coal tar, Ichthyol, Lysol, menthol, mercury, naphthol, olive oil, oil of Cade, resorcin, salicylic acid, sulphur, terebene, are some of the principal preparations used either singly or in various combinations) are very useful in most dry forms of skin disease, especially when there is a tendency to an accumulation of dead epidermis such as in psoriasis, eczema, ichthyosis, etc.

Baths may be much improved by the addition of bran about a pound of bran in a canvas or muslin bag placed in a jug or basin, and a quart of boiling water poured on to it, and the liquid from this put into the hot water bath. This makes a very soft solative bath which with the addition of two ounces of borax powder adds to its efficiency.

Emollient baths may also be made of potato starch 1 to 3 lbs., gelatin half to an ounce and a half to a gallon, linseed, 1 lb., Marsh mallow, 4 lbs. size, 2 to 4 lbs., to 30 gallons of hot water. An alkaline bath is very soothing for some irritable skins. Eight ounces of bicarbonate of soda added to 30 gallons of hot water at a temperature of 100° F., or 2 to 6 ounces of carbonate of potash. A borax bath is made by adding 3 ounces of borax to a bath of the same quantity and temperature.

An acid bath is made by adding an ounce of citric or hydrochloric acid, or a mixture of both acids to 30 gallons of water in a porcelain bath. These are useful in chronic lichen and prurigo.

An iodine bath is made with half a dram of iodine half an ounce of iodide of potassium with two ounces of glycerine, or with a dram of iodine with 1 to 2 ounces of liquor potassæ to 30 gallons of water.

In the same way baths may be made of mercury, tar and numerous disinfectants, such as Lysol, Cyllin, etc. A mercurial bath consists of 1 to 3 drams of hydrochloric acid, a dram of biniode of mercury with 2 ounces of chloride of sodium to 30 gallons of water.

A tar bath consists of a couple of ounces of liquor carbonis detergens, or liquid picis carbonis to 30 gallons of water.

A sulphur bath may be made by adding 3 ounces of potassium sulphurate to 60 gallons of hot water. The sulphaqua powders prepared by the S.P. Charges Company, are put up in a convenient form for a sulphur bath, and are very efficacious and not unpleasant.

These baths are prescribed for cases of scabies, various parasitic diseases, also in chronic urticaria, etc.

The natural sulphur water baths of some of the well-known health resorts are often very beneficial in some of the chronic eczemas, urticarias, acne vulgaris and rosacea, furunculosis, seborrhœa, and naturally most of the parasitic diseases of the skin. The best known are Harrogate, Llandrindod Wells, Llanwrtyd, Strathpeffer Spa, Lisdoonvarna, Lucan, etc. All of these sulphur springs are cold, and for the purpose of baths have to be heated artificially.

Hot sulphur baths are found in volcanic regions, as in the Pyrenees and in New Zealand. The cold springs usually contain a much larger amount of sulphur and generally in the form of sulphuretted hydrogen.

Salt or brine waters are also useful in some cases. These are found at Droitwich, Malvern, Woodhall Spa, Leamington, and indicated for chronic eczema, psoriasis, seborrhœa, urticaria, and pruritis.

Various radio-active thermal baths are found very beneficial in many obstinate cases of skin disease. The best known of these are Buxton, Bath, Plombieres, so also Contrexeville, Vittel and Evian.

There are many varieties of the hot air and vapor baths. Radiant heat baths are dry hot air ones, and may be general or local, and these may be sub-divided into luminous and non-luminous. In the former the heat is best produced by the passing of an electric current through well-protected wires, and the latter by electric light lamps of various shapes, sizes, and colors, according to the desired therapeutic effects.

There are also various vapor baths, the ordinary steam or Russian bath being the simplest. The Turkish bath is essentially a dry hot air one, and the moisture on the skin is produced by the sweating thus set up. To both of these systems various medicaments may be added, such as sulphur and calomel, the one for the treatment of scabies, and the other for syphilis. The sulphur is best added after the patient has been in a hot air or steam bath for

a few minutes, and sweating has commenced. Sulphur is easily volatilized by heat, for calomel much more heat is required.

In nearly all chronic dermatoses, such as seborrhoeic eczema, chronic dry eczema, psoriasis, lichen and chronic urticaria, a bath of some kind is most efficacious for the cure of the disease and for the relief of the symptoms.

Local radiant heat applications are very satisfactory for such conditions as pernio, erythema, induratum (Bazin's disease), erythema nodosum, Raynaud's disease, sclerodermia, neuritis following herpes zoster, etc. *The Medical Press.*

METHYL—WOOD-ALCOHOL AND ITS END PRODUCTS IN THE BODY

(*The Journal of the American Medical Association*, January 3, 1920)

The menace of methyl alcohol or wood spirits to human health, though long known to physicians, has never been adequately appreciated by the public. Heretofore the dangers arising from its introduction into the body have for the most part been confined to some accidental or casual intake of the substance, and larger numbers of fatalities have arisen only in unusual circumstances, such as the criminal adulteration of alcoholic beverages with wood alcohol. With the enforcement of national prohibition, however, the prospect of more frequent instances of harm through the use of this intoxicant in place of the forbidden grain spirits and other drinks containing ordinary ethyl alcohol is unfortunately before the nation. Within the last few weeks the newspapers have reported the deaths of more than a hundred persons from the adulteration of alcoholic beverages with methyl alcohol. It therefore becomes more necessary than ever to understand the toxicology of methyl alcohol and its behavior in the body. To combat an enemy we must learn to know its mode of attack.

Chemically, the difference between methyl alcohol (CH_3OH) and ethyl alcohol (CH_3CH_2OH) is not striking, though the methods of preparation are dissimilar. When wood is subjected to destructive distillation, methyl alcohol is one of the products formed. Ethyl alcohol is derived from the fermentation of grains or fruits. Wood alcohol, about 10 per cent., may be added to ethyl alcohol to render the latter unfit for beverage purposes, and the Government has ruled recently that such denatured alcohol

must bear on the label a special warning concerning the dangers of methyl alcohol. Elsewhere in this issue appears the report of a case of wood alcohol poisoning thoroughly studied with reference to the symptomatology and pathology. When death occurs, there is usually coma, with death from respiratory paralysis. According to our present knowledge, methyl alcohol is eliminated slowly from the body, an end-product of the oxidation in the body being formic acid.

Formic acid, HCOOH, has been recognized as an excretory product of methyl alcohol since Pohl[2] demonstrated, in 1895, that introduction of this alcohol into the stomach leads to an increased output of formic acid in the urine. Hence the latter affords a possible means of ascertaining whether or not wood alcohol has been taken into the organism. A mere qualitative test for formic acid, however, will not suffice; for this substance has been known, at least since 1877,[3] as a normal constituent of the urine. Therefore it is essential to know something regarding the extent to which formic acid may occur in the urine under what may be called normal conditions of living. According to Autenrieth,[4] the quantity eliminated may vary considerably in different persons, though it tends to exhibit a uniformity in an individual living on a fairly uniform diet. The figures approximate 0.25 gm. a day as an illustrative average.

When methyl alcohol is ingested, the output of formic acid in the urine promptly increases. For example, a person who had taken 80 gm. of pure methyl alcohol in the course of eight days showed an extra elimination of formic acid above his usual output equivalent to 5 per cent. or more of the consumed spirits. It will be observed that even when these relatively innocuous doses were taken, a quantitative investigation betrayed the intake. With larger doses, methyl alcohol itself, which is missed in such instances as that just cited, may appear in the urine. Other alleged precursors of formic acid, such as glucose, and lactic acid, which might readily be taken into the body in exceptionally large quantities in the course of an ordinary regimen, were found by Autenrieth to be without appreciable influence on the output. Formaldehyde, HCOH, did not produce an increment; but formic acid itself was quite resistant to oxidation in the body, so that unlike many other organic acids it again reappeared in the urine in considerable proportions unchanged. Fortified with these facts, the chemist will be better prepared to ascertain the occurrence of poisoning with wood alcohol when the direct evidence may be lacking or inconclusive. At the present juncture the

[illegible] should be made to appreciate that methyl alcohol [illegible] is a deadly poison; that one of its serious effects is permanent blindness, and that it may be so prepared as to be ordinarily indistinguishable by odor or taste from ethyl alcohol. It should be emphasized that the selling or promoting the sale of or use of either methyl or ethyl alcohol as a beverage is the doing of an unlawful act.—*Jour. A. M. A.*, Jan. 3, 1920.

1. Formes et A. Jr., and Benedikt, E. M.: Acute Methyl Alcohol Poisoning Associated with Acidosis, *The Journal*, this issue, p. [illegible].
2. Wohl, J.: Arch. f. Exper. Path. u. Pharmakol. [illegible].
3. Thiemann: Arch. f. d. ges. Physiol. [illegible].
4. Autenrieth, W.: Ueber den Methylalkoholnachweis [illegible] und über die forensische Bedeutung [illegible], Münchener med. Wchnschr., Jahrg. [illegible], No. [illegible], p. [illegible].

A METHOD OF PREVENTING DROWNING

In 1885 Silvestri published an article in the *Lancet* suggesting that "surgical emphysema" might be induced as means of saving life from drowning. He demonstrated that if a dog "be blown up" he will support and prevent from drowning one or more human beings. Before the Royal Academy of Science he introduced a cannula into an individual's wrist and induced a generalised emphysema with the aid of a small pump. For the self-induction of emphysema he advocated a still "simpler" device. When one is in peril from drowning, one may puncture, with any sharp instrument, the floor of the mouth near the base of the gums. With the finger of the other hand as guide, the tissues are penetrated till the superficial fascia of the neck is reached. The mouth and nostrils are closed, and with each expiratory effort, air enters the subcutaneous tissues and extensive emphysema may thus be produced, enough, according to the author, for the individual to float an indefinite length of time. This measure has evidently never been received with enthusiasm, even during war time, probably because the device is not widely known. The possible danger of infection would be unlikely to weigh against the more immediate peril of drowning, and if many had known of it, it is unlikely that no one would have availed himself of the resource.—*The Medical Press.*

News Items

Trinity College grounds, Toronto, have been selected for the site of the new Reception Hospital.

There were nearly 2,000 less deaths in Ontario in 1919 than in 1918.

A movement is on foot to amalgamate the General and Western Hospitals, Montreal. It is hoped to make the combined hospital the largest in Canada.

The hospitals of Ontario will seek increased grants per diem from the Ontario Government. Last year it cost the Toronto General Hospital $3.44 per day for each patient.

Dr. Arthur Simard, president of the Provincial Board of Health, Quebec, expresses satisfaction over the general health of that province. He says there were approximately 50,000 persons infected with smallpox in Ontario. Every precaution is being taken to keep the influenza out of that province.

A big medical clinic is to be founded in Kingston, Ontario. Dr. W. T. Connell will be the director. An association has been organized and the share capital is $100,000. All modern science and equipment will be used, specialists in each branch, and it is hoped to make this clinic at Kingston a more important medical centre. It is the first of its kind established in Canada.

The following representative executive has been appointed to combat the ravages of the venereal scourge in Ontario: Chairman, Dr. Charles Hodgetts, Ottawa; Dr. R. McClenahan, Toronto, Secretary; Dr. J. G. Fitzgerald, Toronto; Dr. Douglas Storms, Hamilton; Dr. Gordon Bates, Toronto; Dr. Luney, London; Dr. Etherington, Kingston, and some representative citizens.

The annual financial statement of the Toronto General Hospital showed a deficit in operation for the past official year of $78,822.45. The expenditure was $780,731.96, and the receipts $701,909.51.

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

Let Us have Patience, a good motto for physicians, for patience is a virtue. The whole world is running amok—impatience is manifested everywhere. In this impatient day there must be a leavening ingredient in the body politic. Governments perhaps are exercising patience to their own discredit; citizens are impatient of their seeming inaction.

In the unprecedented upheaval in politics, social economics, and religion; financial instability; industrial, and even agricultural life out of joint, there is no section, or class, that has gone the even tenor of its way more faithfully than has the medical profession. Although confronted with new and strange diseases, epidemics, disarranged medical practice, the profession as a whole have tried to carry on like as in the days before 1914.

Optimists may say the times will come out all right in the end; but the pessimists shake their heads and growl, wondering where it is all going to end. Often is heard—we must have more production; but the farmer cannot produce the additional necessaries of life without more farm laborers; neither the industries more manufactured goods when the raw material is scarce.

When the H. C. L. reaches its peak and slides off its pinnacle,

or cracks or "busts," then will arrive the day of relief. That class will be the true humanitarians which first sets the pace for the deflation of prices. Perhaps, as the agricultural class claims to be the backbone or basic class of every community, reduction should begin on the land. How could the industrial workers strike for higher wages when the agriculturalists were voluntarily deflating the market price of their own produce?

The leavening ingredient in the body agricultural—the country practitioner—occupies a position of fine advantage in these impatient days.

Over-feeding, it is quite safe to assert, causes more illness and more deaths than alcohol ever did. Yet there has not been established any anti-overfeeding society or association. It must be remembered, too, our food is not what it used to be—there are cold storage and many canneries. Some would incriminate certain germs which appear somehow in foodstuffs; but chemical poisons have not been given so much attention. This may be due to the fact that while there are many bacteriologists investigating with an eye single to germs, there are not so many giving attention to the chemical aspect of the subject. The medical world is upset just as the balance of the world is passing through a hitherto unknown period of unrest. Much is heard of susceptibility to disease, but no specific definition as to just what that means, or what produces it. Excesses in diet, as well as deleterious foods may have much to do with weakened tissue resistance. Add to that infection and the conundrum appears solved. Our chemical investigators should look to their laurels. There is a danger that the medical profession will become obsessed by bacteriological discoveries, and that chemistry as applied to medicine will become obsolete. They should go after the causes of weakened tissue resistance. Perhaps there is a poison not heretofore recognized which could explain this.

Has the Wearing of Light Footwear anything to do with good health or ill-health? The street car is a good place of observation. The low shoes and light-weight hosiery is very conspicuous even in winter time, especially on young ladies. If not that, one can notice the thin soles, and as thin uppers on both ladies and gentlemen. Heavy soled boots even upon elderly men who should know better are not by any means conspicuous. In fact they attract attention if they are worn.

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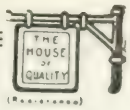
In deep snow, in slush, water, or mud, the light shoe or boot is worn just the same as in summer time. Is it any wonder that tonsilitis, catarrh, bronchitis, influenza, and many other diseases are so common? Style in footwear must be maintained whatever the cost, not only to pocket, but to good health. The officers of public health are concerned with the prevention of disease in all its aspects. How about the footwear patronized nowadays! It is not a matter of good health and comfort. It is mainly a matter of style.

Deaths in the Profession. Amongst the deaths noted in the profession this winter are those of Robert J. Dwyer and Herbert J. Hamilton, Toronto, Sir James Grant, Ottawa, and Wm. A. Molson, Montreal. The two latter had attained to years full of wisdom and experience; the two former were in the best years of practice, and many wished for them further years of usefulness. Dr. Dwyer was the typical clinician, keen and safe in diagnosis, and an adept in putting his knowledge to the best use in treatment. Dr. Hamilton was an able general practitioner, having a special aptitude in medical society work and in administration. He held many offices during his professional life. Both were well beloved by a large concourse of friends.

Sir James Grant and Wm. A. Molson, best known to the older generation of practitioners, had a long and extended experience. Sir James posessed oratorical powers of a high order, and had been a member of the Dominion Parliament for many years.

The Admission of Women to equal rights in the franchise with men gives the gentler sex a wider outlook on life. When they become as sane as men in the matter of clothing they will be the better able to advocate reforms amongst their sex. A few years ago we had the debutante slouch, now scarcely seen. Its place for some time has been taken by the semi-decolletes of the streets. The style nowadays may tend towards thinness in women, but that is not at all pleasing to most men. What most countries must strive for in coming generations is a virile race—men and women. No class of citizens are more interested in this than physicians. The tendency of the day is to shun adequate families. Its baneful effects will be noted perceptibly in twenty-five or thirty years. A much-needed reform in ladies' apparel will bring about happy results in a number of ways. The ladies should begin reforming at home, within their own sphere—not within man's domain.



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Make People Laugh. What is wanted in the world to-day is plain, old-fashioned good cheer. In parts of the world where stomachs are empty and sorrow overwhelms, good cheer can scarcely gladden the hearts of men unless it is handed them on a spacious platter. In other parts where millionaires and near-millionaires thrived during war years rivalling the birth-rate, something seems to have gone out of life. Many men seem to have adopted for their philosophy of life—us for ourselves, or, for ourselves alone. They have drifted away after false gods, forgotten, indeed, the principle of living and acting for the interest of others as well as for themselves.

Uplift may bring these men to a sense or a realization of their responsibilities. The cup which cheers but does not inebriate may in time work wonders; but the fact remains that many have gone sour on altruism because they feel their liberties have been sacrificed, while the uplifters have had to sacrifice nothing. These people find they have not much to laugh at, whilst others may chuckle. When the pages of newspapers, magazines, journals, and even the so-called funny papers are scanned, all must admit there is to-day a scarcity of humor. How many of us could off-hand call the names of a half-dozen humorous writers of to-day? Or is there that many? New humorous fiction is scarce; new really funny men or women are not even to be found on the stage.

Are we becoming too serious in life? What is man to do? A speaker the other evening to an audience of men said all man has to do is to "Fear God and keep the bowels open, for this is the whole duty of man."

A plain woman once said to a couple of doctors: "Whatever you are do not be a 'blue' doctor. Every doctor will recognize this as good advice. In the face of death, it is the doctor's duty to be calm and self-possessed; in times of sickness, always to be cheerful, and make laughter in the proper time and place.

"Laugh and the world laughs with you."

Food for the Sick and Well. How to Select it. How to Cook it. By Margaret J. Thompson, R.N. Yonkers-on-Hudson, New York. World Book Company.

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Returned Soldiers and Smokes. The soldiers who have returned to Canada have confirmed the statement that pipe-smoking was a boon and blessing to the man at the front. A Montreal lady whose son was with the 14th Battalion, says that he told her that "were it not for the soothing pipe, he would never be back in Montreal." Her husband, who also was in the trenches gives similar testimony to the value of tobacco. She says as he is a strict teetotaler, his one great solace is a quiet smoke.

Side Lights on Cascara. Physicians frequently refer to Parke, Davis & Company as the cascara house—for it was this company which introduced Cascara Sagrada forty-three years ago. Cascara was unknown to the medical profession until Parke, Davis & Company—with the assistance of prominent physicians, chemists, botanists and pharmacologists—studied the drug and definitely established it as a therapeutic agent.

Cascara immediately sprang into popularity with physicians. It became a subject of discussion in medical meetings—not only in this country, but on the other side of the Atlantic. It was directed to the attention of the British Medical Association at a convention in Cork, Ireland, as early as 1879. It wasn't long before cascara was being prescribed by medical men all over the

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A Valuable Remedy in Influenza. The management of disease primarily involves promoting the comfort of the patient. While it is true that pain is frequently a helpful symptom to the clinician, its continued existence always tends to debilitate the patient. For this reason the relief of pain is of importance in rational therapeutic practice. While striving to prevent the exhausting effects of pain, it is essential, also to avoid disturbance of the digestive system, or the administration of drugs of a habit-forming character. Phenalgin gives prompt relief from pain without exerting any injurious action upon the human body. Its ability to control the pains of influenza, rheumatism, sciatica, constitute it an analgesic with distinct advantages. It makes the use of narcotic drugs unnecessary because it possesses remarkably effective powers of counteracting pain wherever it may be located without depressing the cardiac, nervous, or gastro-intestinal systems and without the slightest danger of inducing drug addiction. Incidentally, it may be said, no special narcotic blank is required for prescribing or dispensing it. It is not a drug that makes claims to be a panacea. Its wide range of usefulness is due to the fact that it can be relied upon to accomplish the relief of pain as it occurs in the course of numerous diseases, but especially the acute infectious ills.

Dominion Medical Monthly
And Ontario Medical Journal

Vol. LIV. TORONTO, APRIL, 1920 No. 4

Original Articles

SYPHILIS AND GONORRHEA FROM THE PUBLIC HEALTH POINT OF VIEW

By R. R. McClenahan, B.A., M.B.
Provincial Board of Health of Ontario.

As a great deal of interest in syphilis and gonorrhea has been aroused of late years and as the seriousness of these diseases with the resulting loss to industry has been brought to the fore, the measures being taken from a public health standpoint by the Provincial Board of Health of Ontario will, no doubt, be of interest to the profession.

On the advice of the Provincial Public Health officials, the medical profession and prominent social workers throughout Canada, the Canadian Government made a grant of $200,000 (this to be a yearly grant to last for at least three years if conditions warrant it) towards combating venereal diseases. This grant was divided among the provinces according to population, and was given on the understanding that the provinces would advance an equal amount. Ten thousand dollars of this grant was made to the Dominion Council for combating venereal diseases, a voluntary organization whose aim was along the lines of education, advertising and propaganda. The share allotted to the Province of Ontario was $57,473.68.

The Ontario Government advanced an equal amount, making the total sum of $115,000 available for the campaign in Ontario.

A division of venereal disease is being organized. This bureau will have charge of the effort of the Provincial Board of Health. It is proposed to divide the campaign into two heads:

(1) Education. (2) Treatment.

Education.

The most important part of the campaign is education along public health lines. This education will be general in character.

It will embrace the medical profession, dentists, druggists, nurses, public men and business officials, social workers, and the general public. A very excellent scientific book called "To-day's World Problem in Disease Prevention," written by Dr. John A. Stokes of the Mayo Clinic, is now in the printer's hands, and will shortly be available for all medical men free of cost. This book takes up the venereal diseases in a practical and interesting way, and will, no doubt, be of great value to medical men throughout Ontario.

Pamphlets and bulletins are in course of preparation for dentists, asking their support, and also for druggists, enlisting their support to fight the dangers of quacks and self-treatment.

The Venereal Diseases Act and the regulations are being strengthened and improved so that the treatment of these diseases may be made more efficient.

Pamphlets will be printed suitable for all classes, including nurses, social workers and the home. Lecturers will be sent out where desired to put the dangers of these diseases fairly before the public. There will be an advertising campaign carried on in newspapers and periodicals in Ontario. It is also proposed to show films from time to time on the venereal problem. The Dominion Council for combating venereal diseases has such a film, which will be shown very shortly throughout Ontario. All available methods for placing the venereal problem before the public will be used.

Treatment.

No campaign of this character, however, can be complete unless adequate free treatment is provided as well. At the present time all cases of venereal diseases in reformatories and prison farms, etc., are being treated by a specialist medical officer employed by the Provincial Board of Health. All inmates of prisons, reformatories, jails, etc., are examined for venereal disease—smears are taken on all women and on men if considered advisable. All inmates have Wassermanns taken on admission. All cases are treated and kept in institutions until considered safe from a public health standpoint, whether this necessitates their being kept over their time or not. These cases, when set free, are referred to the local medical officer of health for further treatment or observation as necessary.

A license to manufacture an arsphenamine product has been given to the Board. Through it the Board has power to sell or give, free of charge, an arsphenamine product to its clinics and

also to hospitals and institutions throughout the province. It is expected that the product will be available in two months' time.

The Board is arranging to establish special treatment clinics in the larger cities throughout the province for the free treatment of venereal diseases. These clinics are being very generously dealt with, and it is hoped that the treatment they will be able to give those infected and in need of free treatment will be of help in preventing the spread of these diseases.

The following proposition is being presented to the municipalities where, in the opinion of the Board, a clinic is advisable. A schedule of apparatus and furnishing suitable for the adequate treatment of these diseases has been drawn up and will be part of the standard equipment required before Government aid will be given the clinic.

The Board feels that the choice of a site for the special clinic or clinics in the various municipalities should be left to a certain extent in the hands of the local authorities, who understand local conditions. The Board would suggest, however, that where facilities already exist, as in the case of hospitals, etc., other things being equal, these facilities should be used. The Board will afford the following assistance to each clinic established:—

(1) For the purchase of furnishings and apparatus for a special clinic, $1,000. (It is thought that the cost of the apparatus and furnishings will not exceed this amount.) Where a clinic is already in existence and up to the standard the same financial assistance will be given.

(2) To assist in the payment of a social service nurse, $500 yearly.

(3) For each out-patient treatment for gonorrhea, 50c. For each out-patient treatment for syphilis, 50c. (No more than one treatment each day will be paid for.) For each out-patient treatment for syphilis in addition, free "salvarsan" will be provided —as soon as the Board is in a position to furnish its own product.

(4) In the case of patients treated in the hospitals the sum of 25c. in addition to the foregoing grants will be paid to the hospital for each day of indoor treatment up to three months, at the end of which time the indoor grant will cease.

(5) Standard record forms for the use of these special clinics will be supplied by the Board.

In return for this assistance the Board will require that the clinic will be kept up to a certain standard as follows:—

(1) The special clinic shall be for the treatment of venereal diseases.

(2) The apparatus and furnishings for the clinic shall be as follows (see schedule (*a*)):—

(3) The personnel of the clinic shall be:—

(*a*) One specialist in venereal diseases, who shall be appointed by the hospital if the clinic is in connection with a hospital and by the local board of health in other cases. This officer must also be satisfactory to the Provincial Board.

(*b*) Such medical assistants as may be necessary shall be appointed on the same basis.

(*c*) One full-time social worker, who shall be a graduate nurse.

(*d*) One clerk, if the clinic is treating more than forty cases per week.

(*e*) One male orderly.

(*f*) If possible, one undergraduate nurse to assist in the clinic.

(4) All treatment in the clinic shall be free.

(5) At least one night and two day clinics shall be held per week. (This may be modified on agreement.)

(6) Separate hours shall be set aside for men and women in the clinic, also, if possible, separate hours for the treatment of gonorrhea and syphilis.

(7) Weekly reports will be required on forms supplied by the Board.

(8) The clinic, including its records, apparatus, method of treatment, etc., shall be open to inspection by the Board.

(9) The municipality will be expected to advance an amount for upkeep of the clinic or clinics, which shall be approximately equal to the amount advanced by the Board. (See section 14, ss. 1 and 2, Venereal Diseases Prevention Act.)

(10) The social service nurse shall follow up cases outside the clinic to see that all patients continue treatment and also that any possible contacts are examined.

(11) Accounts should be rendered at the end of the month and will be paid on the Board's certificate.

(12) The Board reserves the right to modify these rules if such should, in the interest of the clinic, be deemed necessary.

In conclusion, the Board wishes to express its appreciation for many valuable hints on the subject given by many of the medical men in Toronto and elsewhere who have given a great deal of their time gratuitously in this work. The Board feels that special mention should be made of the work of Professor Duncan Graham, Professor Fitzgerald, Dr. Edmund King, Dr. Gordon Bates and many others.

This campaign can only be a success through the closest co-operation and assistance of the medical profession throughout Ontario, and the Board feels that this will be given freely.

THE TREATMENT OF PSORIASIS WITH DISSOLVED SULPHUR

By Louis Bory, M.D.,
Chief Medical Officer of the Dermato-Venereological Centre of the XXth Region.

Specially reported for *The Medical Press and Circular.*

For the last fifteen months I have been studying the remarkable action of injectable sulphur in psoriasis, and my experience has led me to modify the formula of the solutions and the mode of application. My present purpose is to explain my actual methods in response to the demands for exact details.

Originally the solution made use of contained 2 milligrammes of sulphur per cc. in the following formula:—

Pure precipitated sulphur	0.20 gr.
Eucalyptol	20 gr.
Oil of Sesame	80 gr.

A dozen injections at a week's interval appeared to be required. The results were sometimes rapid, often somewhat slow, occasionally incomplete or *nil.* In order to explain these differences, I imagined that the question of dose was everything, so that little by little I was induced to increase the dose injected. Similarly the strength of the solution was raised to half per cent. to begin with, then to one per cent. The higher strengths are not

stable and cannot, therefore, at present come into general use. The formula actually employed by me for the last six months is the following:—

Pure precipitated sulphur	1 gr.
Guaiacol	5 gr.
Camphor	10 gr.
Eucalyptol	20 gr.
Sesame Oil q. s. to make 100 cc.	

We begin with injections of 6 cc. as a minimum dose and 10 cc. as a maximum, an average dose being 8 cc. The febrile reaction is seldom well marked, and is not more durable than with the infinitesimal doses originally employed; indeed, it has seemed to me that the pain and rise of temperature were better borne than formerly. It may be that the comparatively large quantities of guaiacol and camphor that enter into the composition of the solution may have something to do with the difference in the reactional phenomena.

It is, however, desirable to know what the latter are. Six to eight hours after the injection the patient experiences a feeling of disagreeable tension at the site of the injection, along with a rise of temperature and profuse sweats. These last about twenty-four hours, the temperature rarely exceeding 39° C., then returning to normal. The upset lasts in all some twenty-four hours, when everything quiets down.

Patients, however, who walk much after the injection, or go on working in spite of the local discomfort may not notice anything at all. As a rule we make the injections in the middle of the afternoon. We give a 50 eg. cachet of pyramidon in the evening. On the morrow the patient remains in bed, if he so desires, and is given a further cachet of aspirin or pyramidon.

Before giving the first injection it is well to analyse the urine and examine the lungs. I have never met with any instance of a hemoptysing action of the solution, but judging from the effects of mineral sulphur waters at certain stages of pulmonary tuberculosis, such an action is possible. That there is a congestive action is shown by the fact that women patients have informed me that each injection has been followed by an apparently normal menstrual period lasting two or three days. This emmenagogue action of sulphur is worth noting, and on that account it should not be administered in presence of pregnancy.

The initial treatment of the outbreak of psoriasis comprises four or five injections, at a week's interval, of sulphur oil (8 to

10 cc. of a 1 per cent. solution), that is to say, in all, from 40 to 50 cc. of pure sulphur.

I usually wait till after the second injection and until the eruptive elements have begun to pale before inaugurating the local treatment. I do so in order to ascertain the degree of the local reaction, but there is no valid reason for not starting the two together.

The most effectual local treatment has appeared to me to be to paint the elements with pure coal tar every day or every other day. With this treatment two sulphur injections will often suffice and nearly all the psoriasis patients are discharged from hospital within three weeks. It is certainly the most rapidly-successful treatment I know of, and on the other hand, it is unquestionable that tar alone will not yield such results.

Once the patient has been "whitewashed" and is discharged, I recommend him to take from time to time a 10 cc. injection every month or every two months for six months in order to obviate any tendency to relapse.

It may not be out of place to call attention to the really curious action of this oily solution of sulphur in gonorrheal orchi-epididymitis, and in acute and sub-acute arthritis.

With my collaborators, Becus and Deseglise, we had the curiosity to inject the oil solution into the gluteal region of patients suffering from recent gonorrheal orchi-epididymitis associated with much swelling and pain. We were surprised and gratified to see the swelling and pain retrogress very rapidly. In the course of from twenty-four hours to three days the testicle had returned to its normal size and sensitiveness. To make sure that neither the guaiacol nor the eucalyptol had anything to do with this result we made certain injections without the sulphur. There was certainly some improvement, but it was not nearly so rapid and the principal effect was to diminish the pain.

Sulphur, then, appears to have a well-marked decongestive action on the testicle and vaginalis infected by the gonococcus, but it does not seem to have any direct action on the gonococcus itself. This action is interesting in connection with the beneficial action of sulphur in gonorrheal rheumatism as recently pointed out to me in a communication read before the Medical Society of the Paris Hospitals.—*The Medical Press.*

POISON IVY AND SUMAC

(*U. S. Public Health Reports.*)

Treatment.

If the treatment previously outlined fails to prevent the development of the skin poisoning reaction, it is still possible by intelligent effort to alleviate in large measure the distressing symptoms. Before undertaking measures for relief, one should remember, however, that any treatment for disease is more intelligently administered by a skilled physician than by a person unskilled in medical knowledge. It is also well to recall that what is indicated in one case may be contraindicated in another, and that a particular stage of a disease may, and often does, require treatment which would be disastrous were it instituted at a later period. For these reasons, therefore, it is desirable in serious cases to secure competent medical advice, if such is obtainable, and to follow strictly the directions given. Where for any reason this is not feasible, the following treatment is recommended:—

If the skin is highly inflamed or the eruption extensive, it is advisable to keep the patient in bed, as rest of an inflamed part invariably hastens cure. Exposure to the sun during hot weather increases perspiration and aggravates the inflammation, hence is to be avoided. The comfort of the patient will be increased if the clothing is thin, the bedding light, and the room kept cool. Care should be exercised to see that no part of the clothing irritates the inflamed area. It is well to maintain the bowels moderately free; for this purpose a Seidlitz powder before breakfast, as necessary, is beneficial. Summer weather diet—that is, plenty of fruit, cool drinks, and frozen desserts—is indicated, particularly if moderate fever accompanies the inflammation. Should this or other constitutional symptoms, such as pain, headache, or loss of sleep, be present, suitable remedies are to be prescribed by the physician.

For the eruption itself, scores of remedies and numerous favorite prescriptions—many of which are claimed by their advocates to possess distinctive virtues, if not specific qualities—have been recommended. In spite of these claims it is necessary to state that no specific treatment for Rhus poisoning is yet available. The very multiplicity of preparations recommended, ranging in character from brine to brimstone, and also including the juice of at least twenty different plants, in itself constitutes

reasonable proof of the correctness of the above statement. The irritation is in its nature self-limited, usually requiring only a week or ten days for its entire subsidence, hence it is easy to understand how numerous so-called cures have arisen.

For the relief of itching nothing is better than the immersion of the inflamed surface in hot water for several minutes, gradually increasing the temperature until the water is as hot as can be borne. If the eruption is on the face, the hot water can be applied by means of a thick towel. As previously mentioned, the soap-and-water treatment is distinctly curative in those cases where all of the poison has not penetrated.

It is better that the inflamed area should be left exposed to the air rather than tightly bandaged. If the bandages are kept moist with a solution of cooking soda or borax (a teaspoonful dissolved in a cup of water), or with other solutions to be mentioned, there is no objection to their use. In any event they should be frequently changed, more especially when pus has formed, or when the secretion is excessive.

Ointments, in the acute stage, should not be used; compounds with a fatty base serve to scatter the toxic oil and thus tend to aggravate rather than relieve the inflammation. In the latter stages of the disease, after the toxic material has exhausted itself and a certain amount of inflammatory reaction still persists, soothing or astringent ointments are of value.

Hot solutions of permanganate of potash (of 2 per cent. strength if the skin is intact, but only half as strong if the skin is broken) have been much in vogue. The drug is thought to exert a direct action upon the poison in much the same manner as vinegar counteracts the effect of an alkali. One disadvantage of permanganate is that it stains the skin a mahogany brown of greater or less intensity; but this stain in time will wear off, or it can be immediately removed by the application of lemon juice.

A 10 per cent. solution of hyposulphite of soda, photographer's fixing liquid, applied as a wet dressing, gives in many instances beneficial results. A similar solution of sulphate of magnesium, Epsom salts, is entirely harmless and allays the inflammation as satisfactorily as most other remedies. A lotion made of one part of the fluid extract of Grindelia to ten parts of water, introduced as a specific, has likewise been extensively used with varying results. Since applications of solution of sugar of lead, a favorite treatment in earlier days, generally prove disappointing after the inflammation has developed, and involve the risk of lead poisoning if used over extensive areas, they are not recommended.

News Items

Brandon, Man., is to have a new hospital at a cost of $300,000.

Dr. E. C. Arthur has been appointed travelling medical officer of British Columbia.

The smallpox ban has been lifted in United States points and also in Quebec against Ontario.

Dr. C. M. Hincks was recently in Halifax in the interests of the establishment there of a psychiatric clinic.

Dr. John Stewart, Halifax, N.S., has been appointed Dean of the Faculty of Medicine in Dalhousie University.

The campaign fund for the University of Montreal (Laval), recently destroyed by fire, now totals more than $3,500,000.

Members of the Canadian Club in New York City are contemplating a million dollar hospital for Canadians in that city.

Notre Dame Hospital, Montreal, had 2,874 patients in 1919. St. Paul's Hospital for Contagious Diseases in connection therewith had 9,896 cases.

A Chinese hospital has been established in Montreal. It is believed to be the first of its kind in Canada. There has been provided accommodation for twenty-five beds.

Dr. D. E. S. Wishart is at present in Boston, taking a special course of classes under Professor Mosher and Dr. Faunce, and will enter the Manhattan Eye and Ear Hospital as house surgeon in September.

A deputation from Kingston recently visited Toronto to interview Dr. George E. Vincent, of the Rockefeller Foundation, with regard to the needs of Queen's University. They also waited on the Ontario Government for a grant for extension purposes to the General Hospital of that city.

Major Harold Williamson, formerly a practitioner in Port Arthur, Ontario, but now of the Medical Staff of the Canadian Pension Board in England, recently came over from England to make an inspection of soldiers' re-establishment work in Ottawa, Toronto, and other Canadian cities.

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

The Emotions and the Endocrines are being gradually linked together. Comment on the emotions and their more intensive study, scientifically and experimentally, has been made in these pages from time to time. Perhaps some one will soon enumerate all the emotions, and there will be a catalogue made, so that all may come to an agreement as to just how many emotions mankind is capable of, and just how the activities of the endocrines are concerned in their production and in what way.

That Darwin studied and observed, and added the studies and observations of others in a very interesting book on the subject of "The Emotions in Man and in Animals," is well known. Spinoza also wrote interestingly on the subject. He sets out the primary emotions as Pleasure, Pain, and Desire, to which all other emotions can be traced. Under Pleasure,—he assigns and defines Love, Inclination, Devotion, Derision, Hope, Confidence, Joy, Approval, Partiality, Sympathy, Self-Approval, Pride, Honor; under Pain,—Hatred, Aversion, Fear, Despair, Disappointment, Pity, Indignation, Disparagement, Envy, Humility, Repentance, Self-Abasement, Shame; under Desire,—Regret,

Emulation, Thankfulness or Gratitude, Benevolence, Anger, Revenge, Cruelty or Savageness, Timidity, Daring, Cowardice, Consternation, Courtesy or Deference, Ambition, Luxury, Intemperance, Avarice, Lust. Perhaps there are more; perhaps all these are not true emotions. If, however, they are to be studied in the light of growing endocrine knowledge, time will add to or subtract from the catalogue.

Gozzi maintained that there were but thirty-six tragic, or perhaps better, dramatic situations in ancient and modern literature. Schiller was at great pains to find more, but failed to find so many as Gozzi. For instance, "Vengeance for Having Been Robbed of One's Own," is the dramatic situation in the Merchant of Venice. And so, as there are thirty-six dramatic situations, it is claimed also that there are just thirty-six emotions. Here lies a great uncharted sea in scientific medicine, provided there can be proved to exist a connection between the endocrines and the emotions.

Bandler, in *The Medical Record*, March 6th, 1920, contributes an able article on "The Instincts, The Emotions, and The Endocrines in Sterility." To take but one of his observations: "The adrenal structures are related to the instincts of flight and pugnacity and to the corresponding emotions of fear and anger . . . Good adrenal action—cortex and medulla—is essential to courage. Poor adrenal action, especially a lack of balance between the cortex and medulla wherein the cortex plays the minor role, is responsible for the emotions for fear, for cowardice, for anxiety."

If all this is to prove true, how important it is for physicians to become adepts in diagnosing the expression of the emotions.

War is Being Declared in the Province of Quebec. It is on Tuberculosis, one of the terrible ravagers of mankind. Tuberculosis is one of the diseases which exhibits, perhaps it is the particular disease which exhibits the most striking of all losses of productive population. Administration of public affairs must hereafter grapple with Tuberculosis energetically as well as with the other diseases mankind is heir to—such as venereal disease, cancer, etc. Typhoid fever, as a result of energetic and enlightened propaganda, is now said to be diminishing to a marked degree.

Toward the war on tuberculosis in Quebec, the Superior Board of Health for that province has appointed a special committee to study the question, as a preliminary step in the campaign to be

shortly inaugurated. The committee consists of Drs. E. M. Desaulniers, R. Paquin, J. E. Laberge, and J. A. Beaudouin, the latter to act as secretary of the Committee. The idea is to back up this Committee with the whole governmental force of Quebec, as well as that of the federal government, boards of trade, pulpits, educational bodies, and the press. There is to be unified action all along the line. In the next few years the results achieved will be watched with keen interest. The campaign, if prosecuted with vigor and intelligence, will quite likely prove memorable in the history of public betterment in Canada.

The Psychic Element in Disease, the title of a little brochure, prepared by Dr. W. T. Harris, Peoria Heights, Ill., U.S.A., and kindly forwarded to us by our much-esteemed confrere, Dr. James S. Sprague, Belleville, Ont., sets forth that this is not always regarded with that degree of significance it merits. It should be considered as a causative as well as a curative factor in disease. Dr. Harris considers that we are too prone to account for disease on a purely tangible basis, and that we never take into account the hundred and one mental influences that may enter into the causation of many maladies. As has been said before in these pages we are too content to accept pathological and bacteriological findings as scientifically final and lose sight altogether as to what constitutes *diminished tissue resistance,* susceptibility, etc. Is not Sir James Mackenzie devoting the remaining years of his life to some such study? And has not some one stated that before even tuberculosis appears, at least eighty per cent. manifest either a gastric or an intestinal abberation? As Harris adds further—"The fear of disease is well known to be potent in the production of the very disease we would run from."

What causes that fear of disease? Will the activities of the adrenals solve the problem?

All Graduates in Medicine of the University of Toronto are vitally interested in the announcement that the Rockefeller Foundation is to donate an immense fund for the purpose of medical education in Canada. The scheme of re-organization has not been sufficiently matured, or, at least, has not been sufficiently amplified in any announcement which has thus far appeared in print to warrant or suggest any criticism. It is to be hoped, however, that the medical faculty

will not wholly ignore the large body of medical graduates of the University, amongst whom there are probably some who would be capable of lending considerable aid in any reorganization scheme it is proposed to inaugurate. It is also hoped—and it has been given expression to—that the graduates in medicine will be given a chance to furnish some of the first-class material which is required to make the staff of the medical department of the University of Toronto paramount to all other universities in Canada, or to those, at least, on the North American continent.

To the Board of Governors of McGill University.

"Gentlemen: I herewith tender my resignation as assistant professor of surgery in the University. I do so because your Board has recently seen fit to appoint a man of German birth, parentage and preliminary training to the position of professor of pathology.

"It is with deep regret that I thus sever a long connection with the teaching staff of my *alma mater*, but I feel that never again can I associate with a colleague of German birth and parentage.

"Yours very truly,

"(Signed) J. M. Elder."

In a previous issue comment was made on the fact that medical men did not stand well together upon occasions just such as this. How many of Dr. Elder's confreres support him in this connection?

Squamous-Cell Epithelioma of the Lip, representing a study of five hundred and thirty-seven cases, is reported by Dr. A. C. Broders, Rochester, Minn., in the March 6th issue of the *J. A. M. A.* Some facts in relation to the use of tobacco are interesting. The patients using tobacco were 80.49 per cent.; patients not using tobacco, 19.51 per cent.; females using tobacco (smoke), 45.45; females not using tobacco, 45.45. Methods of using tobacco—patients who smoke only, 69.82; patients who chew only, 6.31 per cent.; patients who smoke and chew, 23.5 per cent.; patients who use snuff, 0.35 per cent.; total number of smokers, 93.33 per cent.; total number of chewers, 29.82; total number of snuffers, 0.35 per cent.

This disease occurs in patients past middle life, the average age being 57.3 years; it occurs most frequently in farmers, who

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represent 56.7 per cent. of the cases. Family history of malignancy plays an insignificant part. About one-fifth of all the patients do not use tobacco, while one-half of female patients do not use it. Of the patients using tobacco, 93.33 per cent. smoke; 78.48 per cent. of these use a pipe.

A comparison of 500 men without epithelioma of the lip with 537 patients with epithelioma of the lip shows that the percentage of tobacco users and non-tobacco users is practically the same—78.6 per cent. users and 21.4 per cent. non-users in the former group, and 80.49 per cent. users and 19.51 per cent. non-users in the latter group, but that the average of the men without epithelioma of the lip is about nineteen years less than the average age of the patients with epithelioma of the lip at the time of onset.

The most remarkable difference in a comparison of the patients with epithelioma of the lip and the men without epithelioma of the lip is in the method of smoking. The total number of pipe smokers in the former is 78.48 per cent. and the total number of cigarette smokers is only 1.16 per cent., while in the latter, the total number of pipe smokers has dropped to 38.03 per cent., and the total number of cigarette smokers has risen to 59.04 per cent.

It is noteworthy that a history of injury plays a negligible part. Again, that the lesion originated on the lower lip in 95.69 per cent. of the cases, on the upper lip in 3.55 per cent., at the left angle of the mouth in 0.56 per cent., and at the right angle of the mouth in 0.18 per cent.

BOOK REVIEWS

To-day's World Problem in Disease Prevention. A Non-Technical Discussion of Syphilis and Gonorrhea. By JOHN H. STOKES, A.B., M.D., Chief of the Section of Dermatology Syphilology, the Mayo Clinic, Rochester, Minn. Toronto: The Provincial Board of Health.

This booklet is issued as part of the educational campaign of the Ontario Board of Health in the curtailment of the venereal diseases. It is well written and embraces a practical discussion on these subjects. It is being distributed to members of the profession in Ontario.

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A VERITABLE PROP

After the subsidence of the acute symptoms of any serious febrile disease, an examination of the blood will almost always reveal a degree of anemia in direct proportion to the severity and duration of the primary disease. It is thus always desirable in such cases to adopt measures to revive, restore and reconstruct, and with this object in view one should begin at the foundation, i.e., the blood itself. To construct new red cells and reconstruct those which have become dehemoglobinized by disease nothing is more potent in effect than Pepto-Mangan (Gude). This standard preparation of organic iron and manganese supplies the vital fluid with the elements needed to reconstruct and restore its oxygen-carrying capacity, by contributing the necessary hemoglobin. Pepto-Mangan is palatable, absorbable, and promptly assimilable. It encourages the appetite, without disturbing digestion or causing constipation.

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Listerine in its long use by physicians has never once been criticized for any untoward action upon the mucous membrane, and this is a remarkable history for a product that has been a favorite with two generations.—*The Journal-Lancet, February 15, 1920.*

HOW THE WAR WAS WON

The questions, "Who won the war?" and "How was the war won?" have been discussed by many persons and from many angles. Everyone admits that Marshal Foch was a considerable factor in shaping the course of events, and a statement from him carries great weight.

Interviewed in Paris recently, Marshal Foch said: "How, then, did I win the war? *I did it by smoking my pipe.* I mean to say in not getting excited, in concentrating all my strength." This is great testimony to the value of tobacco.

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The reliability of Phenalgin as an analgesic, its ability to control and counteract pain quickly and with certainty, without any harmful effects upon the human mechanism, gives it a wide range of indications for use. Its therapeutic place is found in the relief of pain, whether due to neuralgia, influenza, gout, menstrual disorders, or sciatica. It counteracts pain without interfering with the vital forces of the body. It promotes comfort without sacrificing the cardiac, nervous or gastric systems. It is an anodyne that possesses none of the dangers of the opiates. It allays pain without tending to establish a drug habit. It calms and relieves without interfering with the normal physiological reconstructive functions of the body. It is safe and effective as an algesic, giving prompt relief to the patient, thus contributing to his welfare and recovery while completely safe and free from any harmful after effects. Phenalgin is a physiological adjuvant through the immediate relief of pain and the liberation of vital forces for the attack upon the underlying causes. It is, therefore, an ideal anodyne that merits confidence in the field of activity which it fills so well, namely, the relief of pain.

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It is with perfect frankness, and with the utmost sincerity that, without pretending to cure every case of Epilepsy, we recommend to the medical profession **GELINEAU'S DRAGEES,** which have given to their inventor the most complete satisfaction for 30 years and have earned for him the gratitude of numerous sufferers. **GELINEAU'S DRAGEES** offer to the practitioner a superior weapon, giving him the possibility of a triumph in ordinary cases, and in all cases the certainty of at least a marked improvement.

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Nervous and Mental Diseases. By Archibald Church, M.D. complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with new and elaborate tables. Tenth edition, revised and enlarged. Edited by W. A. Newman Dorland, M.D. Large octavo of 1,201 pages, with 331 illustrations, 119 in colors. Containing over 2,000 new terms. Philadelphia and London: W. B. Saunders Company, 1919. Flexible leather, $5.50 net; thumb index, $6.00 net. Canadian Agents: J. F. Hartz Co., Limited, Toronto.

That this is the ninth edition of this valuable book on nervous and mental diseases bears out the statement that it has been a very acceptable book to the physicians. Two subjects have been re-written, namely, general paralysis and traumatic insanity. Throughout the book presents neurological subjects in an intelligent way, radical views not being incorporated, but a sane and practical view taken, which will commend it to practitioners.

Eight practical clinics, four articles on neurology, seven on medicine, and three on surgical subjects, comprise this volume. It is profusely illustrated. International Clinics keep the general practitioner in particular abreast of the times medically. Write Mr. Charles Roberts, 201 Unity Building, Montreal, for particulars as to how to become a subscriber, and get it regularly to your post office address.

Headed by Dr. Edmund E. King, president of the Academy of Medicine, Toronto, a deputation waited on the Minister of Labor and Health in the absence of Premier Drury to advocate leaving the Vaccination Act alone or else strengthen it. Every child, in the opinion of the deputation should be vaccinated at least before being admitted to school, and subsequent vaccination if found necessary. They were also in favor of compulsory vaccination.

The smallpox ban on Ontario still stands in the Province of Quebec. It will stand until the Province of Ontario affords reasonable protection to the people of Quebec.

Dominion Medical Monthly
And Ontario Medical Journal

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Original Articles

ENEMAS AND LOCAL TREATMENT OF THE LARGE INTESTINE

By George M. Niles, Ph.G., M.D., Atlanta, Ga.

In the following study the writer will endeavor to adequately cover a subject much neglected in the text-books, but which merits much more thoughtful attention than it has received.*

Enemas.

The various methods of injecting fluid into the bowel come under this term, though there are many variations in method and indication.

The principal methods consist of:

1. The simple enema, where fluid is injected into the lower bowel.

2. Irrigation with a single tube.

3. Irrigation with a double-current tube or other special appliance.

4. Proctoclysis by the drop method of injection.

There are quite a number of indications for the employment of enemas, or intestinal irrigation, some of which are:

For local treatment of diseased conditions of the gut, as catarrhal colitis. In proctitis, prostatitis, or any acute inflammation in the pelvic region. For the relief of pain and irritability in the anal region, as in spasm of the sphincter. To aid in the absorption of inflammatory products in the pelvis, as of post-uterine adhesions. To replace the loss of fluid in the body, as in cholera, or after severe hemorrhages. To dilute the poison of disease and promote diuresis, as in uremia.

To check hemorrhage by the local effect of fluid either very cold or very hot, as in hemorrhage from ulcers in the rectum.

*Some of the material embraced in this study has been taken from the writer's *Diagnosis and Treatment of Digestive Diseases*. P. Blakiston's Son & Co.

To assist in emptying the bowel, either by direct irrigation, or by the presence of fluid; to stimulate the gut to expulsive efforts, as in constipation, or obstipation from retained masses of hardened feces.

To affect the heat centres, as by hot irrigations in lowered temperature from shock, or cold irrigations in high fever.

To exert an anti-spasmodic effect, as in colic.

To aid in the expulsion of gas, as in excessive tympanites.

To exert a mechanical effect, as in intussusception.

To employ the fluid as a vehicle for the introduction of nourishment, as in nutritive enemata.

Tact, Ingenuity and Skill Required.

There are few simple mechanical procedures in the realm of therapeutics that admit of the display of more tact, ingenuity and skill than in the administration of enemas. To inject into the bowel a sufficiency of fluid to meet a given indication, without pain or discomfort to the patient, so that it can be retained long enough to accomplish the desired purpose, is not such an easy matter as some would suppose.

The Necessary Apparatus

For enemas may consist of a one to four-quart fountain syringe of rubber, or an irrigating jar of glass or porcelain with an opening at the bottom. This is connected with rubber tubing which may have its end nozzles of various sizes and shapes, or the part intended to be introduced into the bowel may consist of a tube with recurrent flow, or a soft-rubber catheter.

Either hard-rubber nozzles or soft-rubber tubes are preferable, as, in the injection of hot fluids, a métal nozzle becomes unduly heated and uncomfortable to the patient.

The amount of hydrostatic pressure to be exerted requires judgment. In irritable conditions of the intestinal mucosa, the flow should be slow and gentle, perhaps frequently interrupted, so that the sensitive bowel will not spasmodically contract, and expel the fluid too soon. Under such conditions, the container need be only one or two feet above the buttocks of the patient. Ordinarily, the bag or container may be held or hung from two to five feet above the patient. Higher than that, unless extreme hydrostatic pressure is desired, as in intussusception, is fraught with danger.

Quantity.

The amount of fluid to be injected depends upon the results desired. To simply stimulate lagging peristalsis, a pint, or even less, is usually sufficient. Many individuals are slightly inclined toward constipation, and need only a gentle stimulus to "wake," as it were, intestinal contractions. Many of these have in the toilet a convenient fountain syringe, which is brought into use, should the regular daily evacuation be tardy. The employment of a small enema of warm water under such circumstances causes practically no disturbance of the alimentary tract, and is greatly preferable to the constant and promiscuous self-administration of laxatives.

Enemas intended to flush the colon, or to dislodge fecal accumulations higher up, may consist of a quart and a half, or even two quarts. The last I consider a maximum. The practice of introducing into the bowel vast quantities of water—one or two gallons, or even more, is reprehensible, and liable to cause dilatation, with later on paralysis of the bowels.

Let me insist that *several* enemas of one quart each are infinitely better than one enema of *several* quarts. If this statement convinces its readers of this *one* basic fact, my efforts will be well repaid.

Many times, if the first enema is fruitless, the water returning clear, if repeated one or more times, peristalsis will be set up, the hardened contents will in the meanwhile be softened, and satisfactory fecal results will ensue. The mere fact of repeated injections need cause no more apprehension than the mere fact of repeated ablutions to the surface of a soiled and crusted skin.

Temperature.

Cold enemas are indicated only in the presence of hemorrhage or hyperpyrexia. Their use is limited, and generally any benefit which might be attained by the injection of cold fluid into the bowel, is more comfortable and safely accomplished by other means.

Generally speaking, the fluid should be about the body temperature—perhaps a little warmer. For the relief of inflammation in the intestinal mucosa or adjacent structures, the water may be quite hot. Albright advocates a temperature of 120° F., while Jamison advises a temperature of 135 or even 140° F. I would hardly advise an irrigation with a temperature above 125° F.

The irrigating tube must never be removed while the hot solution is in the *rectum,* as, should it come in contact with the anus, it would cause decided pain. It must be remembered that the interior of the rectum will comfortably bear a degree of heat that the anus cannot endure, so the instrument should not be withdrawn until after the fluid ceases flowing through it, and then slowly.

Lubrication.

It is always conducive to the comfort of the patient that the nozzle, the entering tube, or the colon tube be well lubricated. Vaseline, olive oil, castor oil (warmed), or even toilet soap will answer the purpose. Laundry soap, or the cheap grades of turpentine soap are useful in the water, but are unsuitable to lubricate a tube that passes over a possible tender or excoriated surface.

Preparation of the Irrigating Fluid.

A simple enema for gentle stimulation of peristalsis may consist of warm water alone.

The so-called S. S. enema consists of warm water into which sufficient soap is rubbed to form a liberal amount of soapsuds. In such an enema laundry or turpentine soap may be used, as this soap exerts a slightly stimulating effect.

The saline enema (normal) consists of one teaspoonful of common table salt to the pint of water.

An oxgall enema contains one teaspoonful of oxgall to the pint of water.

The Hare enema consists of magnesia sulphate, one teaspoonful; glycerine, one ounce; water, two quarts.

Various carminative enemas may be prepared by adding to the water one or more tablespoonfuls of milk of asafetida, to the quart of water, one teaspoonful of powdered alum or powdered borax to the quart, or a weak infusion of camomile.

Emollient enemas contain corn starch in sufficient quantity to thicken the fluid; or flax-seed meal or slippery elm bark, with the water strained. Gum arabic or tragacanth is also used.

Antiseptic enemas may contain permanganate of potash, one to two or five thousand; nitrate of silver, fifteen grains to the quart; phenol, thirty grains to the quart (being sure that it is all returned); chlorinated lime, half teaspoonful to the quart; commercial sulphuric acid, one-half dram to the quart, or the liquor alkaline antiseptic (N. F.), one or two ounces to the quart.

For softening and healing enemas there may be employed

several of the oils. These are also employed in the treatment of constipation, and when rightly used, are successful in a large percentage of cases. For healing an irritated intestinal mucosa, there may be added to the oil a small amount of phenol, one dram to the pint, tincture of iodin, the same amount, or bismuth subnitrate in any quantity desired, so the oil is not made too thick by its addition. For inflammatory conditions, when pain or tenesmus is present, and the oil is not expected to remain in the bowel any great length of time, the amount injected may vary from eight ounces to a quart, or even more.

In Constipation the Method is Different.

The oil should be placed in a glass or hard-rubber irrigating jar, as its frequent use rots the bag of a fountain syringe. Not over three ounces should be injected the first time, though, as the patient finds the bowel will retain more, this amount may be increased up to eight ounces. When injecting the oil, the bed should be protected by a rubber sheet or other covering. The patient should lie on his left side with his legs flexed and his hips slightly elevated. The rectal tube is slowly introduced, and, as the oil flows in, is gently pushed up until it enters as much as four or six inches. After the oil flows in the tube is withdrawn, and compressed by the finger during its exit to prevent the escape of random drops. The patient should remain on his left side for twenty or thirty minutes, and, if possible, the oil should remain in all night. This usually is accomplished, except in rare instances of extreme irritability of the rectum, or where the anus is patulous, allowing it to escape during sleep. The injection of oil is generally followed by satisfactory evacuation of the bowels the following morning; but, if not, a small S. S. enema, or a glycerine suppository, will set up enough intestinal contractions.

This method is especially applicable to those forms of constipation characterized by hard and dry fecal masses, with a tendency to accumulation of scybalous collections high up in the large intestine.

The Kind of Oil to Be Used.

Some writers advise the pure olive oil, which is both expensive and hard to obtain in many instances. Hemmeter has observed occasional irritation from fatty acids in the oil, and advises shaking the oil with hot water, as the latter takes up the fatty acid. Rosenheim adds a little bicarbonate of soda to

neutralize the acid. Either of these procedures I have never found necessary or expedient. Linseed oil has been advocated by some, but when warm it is so fluid, that it tends to run out of the bowel, unless the sphincters are quite efficient.

The best and most satisfactory oil in my experience is the *cotton-seed oil,* especially after it has been refined for cooking purposes. The various cooking oils are cheap, easily obtained at the nearest grocery store, and answer every purpose that can be attained by pure and expensive olive oil.

When it is considered that most of the so-called olive oil now on the market is adulterated with cotton-seed oil, the reader may see that it is unnecessary to have the patient pay a large price for supposed olive oil, when the pure cotton-seed oil is fully as suitable for the desired purpose, and much cheaper.

Irrigation of the Large Intestine.

This is accomplished by several methods. To irrigate with a single tube, a hard-rubber nozzle may be attached to a rubber tube about two feet long, which is surmounted by a funnel. The water is poured in the funnel, sent into the bowel from an elevation of about two feet, and syphoned out by suddenly lowering the funnel, as in gastric lavage. This method is not very satisfactory, and is useful only to remove softened feces or small shreds of mucus, or in the absence of better appliances.

The best and most scientific methods of irrigation lie in the several forms of recurrent tubes, in which the water flows out as fast as it enters, there is no straining or tenesmus, and the temperature of the fluid can be absolutely regulated. By this method also an unlimited quantity of the irrigating fluid may be made to lave the intestines, and besides mechanically cleaning them, the flatus is relieved by the suction of the return flow.

I prefer the Kemp flexible recurrent irrigator, and the Albright small hard-rubber irrigator, though Tuttle, Hemmeter, and several others have devised successful instruments for this purpose.

The principle is simple, being a double, rigid tube, where the fluid enters by a central tube, while the outflow is carried off by the outer tube, into which the fluid flows by lateral orifices.

In using the double-current irrigating tube, the patient may be either on the back or side, just so the hips are elevated. The height of the douche bag or irrigating jar should be from three to five feet above the patient. There are several precautions advisable, which will facilitate every step of the irrigation:

Allow the fluid to flow from the tube before insertion, so as to force out the air, and then check the flow, then renew the flow as the tip of the instrument passes well through the sphincters, so as to force the mucosa away from the irrigator and lateral fenestrae.

The instrument should be well lubricated (the flowing fluid will warm it), inserted with a gentle rotary movement, with the tip directed slightly back toward the sacrum. Do not use force in entering, nor press the tip of the tube against the intestinal walls. Should the flow cease, rotate the tube slightly, or withdraw it some while rotating, and then push it gently backward and forward till the flow resumes. Occasionally, where there are much hardened fecal contents present in the bowel, the larger masses need to be cleared with a soapsuds enema, after previously softening them with oil or glycerine. The irrigator should be introduced to one-half its length in prostatic cases, and full length in high irrigation.

Should the tube encounter an obstruction, a rectal examination will disclose the cause, such as a possible enlarged prostate, uterine fibroids, redundant hemorrhoids, etc. These, however, can generally be passed with the tube, after their location and size are known. When withdrawing, bring out the tube with a gentle rotary pull, lest the mucosa catch in the fenestrae.

When it is desired to thoroughly irrigate the whole colon, the irrigation may be started with the patient on the left side with his hips elevated; as the irrigation proceeds, he is gently rotated to the dorsal position, then to his right side. As the irrigation is still kept up, he may be rotated in the opposite direction, and the procedure concluded after he is returned to the left side. It is also of assistance to raise the shoulders while on the right side, as this tends to make the fluid gravitate into the caput coli.

Temperature of the Irrigating Fluid.

This may vary from 100° F. to 105° F., in intestinal catarrh to 110° F., in typhoid fever or any toxic condition, as this higher temperature increases its eliminative effect.

Solutions Employed.

Thin flaxseed tea, normal saline solution with spirits of peppermint or cinnamon or fennel, plain water with milk of asafetida, soda, boric acid, tannic acid, tannin, or alum, the latter six medicaments being used in strength of one dram to the quart.

Others are the solutions of silver nitrate, potassium permanganate and akaline antiseptic liquid, as previously mentioned.

One more irrigation fluid I wish to specially mention as worthy of use—the plain kerosene or coal oil of commerce. As an irrigating fluid in chronic proctitis and colitis, where there are old and unhealthy ulcers, with superficial sloughs, and perhaps a chronic diarrhea, an irrigation of one quart on alternate days, until about three or four irrigations have been given, will in most cases yield gratifying results. There seems to be no danger of toxic effects, for, in several instances, quite a residue of the oil has been retained on to three hours before escaping, and in no instance have any evil or disquieting symptoms ensued. I commend this unhesitatingly.

It will be observed from the various methods discussed in this study that a considerable portion of therapeutics directed toward alleviation of gastrointestinal ailments may be properly placed under the caption of "Local Treatment of the Large Intestine." Let me, therefore, urge my readers to not underestimate the importance of thoughtful consideration and care of the colon and rectum, for in many instances the etiologic key lies here, and here also, by the exercise of suitable measures, may be discovered a solution of the whole pathologic problem.—*The Medical Council.*

THE TREATMENT OF PAIN IN TABES DORSALIS

Medical Council.

Improved technic in the case-management of syphilis is reducing the incidence of tabes; there are fewer cases with marked tertiary symptoms. But the hold-over from the days of less effective treatment is still much in evidence, and we still see a large number of distressing tertiary cases, many suffering great pain. Then, too, there are some gentlemen whose reliance upon arsphenamin and similar products causes them to neglect mercury and the iodides, and it is a clinical fact that many cases are progressing to tertiary manifestations of an aggravated character on account of too much reliance on the new and neglect of the old. We cannot afford to neglect the mercurials and iodides in the treatment of syphilis.

Medicinal Measures.

There is no doubt that acetanilid relieves nerve pain and its employment in the crises of ataxia is often justified. But the tabetic patient using it should be kept warm. The drug seems to act with little depression in the summer, in these cases, as compared with the winter, and removal to a soft climate, valuable of itself, makes it possible to use coal-tar analgesics with considerable freedom. We had two cases much relieved by acetanilid, but also depressed by it; they removed to Bermuda and wrote back that they could use moderate doses there with impunity. Yet in most cases antipyrine is to be preferred to acetanilid, especially in the gastric crises, probably due to its rapid elimination. In our experience with the drug in the treatment of the painful manifestations of tabes it does less harm than does opium or morphine.

Phenacetin, on account of its marked sedative action on the cord, is especially valuable in tabes. Lactophenin and citrophen act similarly. Exalgine, also effective, should not be given in frequent doses. Triphenin can be used in more frequent dosage.

While we quite agree with the current view that these synthetic preparations are to be employed with great caution as antipyretics, especially in the infectious fevers, we do not agree with the idea that they should be rigidly avoided in the treatment of pain, especially as regards the agents noted in the preceding paragraph. Certainly they relieve many cases of pain in tabes and are to be preferred to opiates in such conditions. Perhaps it is well to switch off from one synthetic to another, ascertaining in each case which drug has the more favorable effect; and they can all be rendered less depressing by administering supporting agents with them.

Chloralamine is, with us, a resource when the previously mentioned analgesics fail. It is a valuable nervous sedative which also relieves pain, which hydrated chloral usually fails to do. In severe pain in tabes it may be used with confidence if one is cautious and does not use it as a routine remedy.

Theoretically the bromides are useful in the laryngeal crises of tabes, but practically they are too slow in action, although bromides may well follow other more potent agents.

Systemic Measures.

Systemic measures should not be neglected, since the well-treated case is less apt to develop severe crises. Intramuscular injections of mercury, arsphenamin intravenously following the

mercury, and then massive doses of iodides, certainly help many a discouraging and painful case; but do not give large doses of arsphenamin in these tertiary cases.

Hydrotherapy and the change to a warm and even climate are to be advised in many cases. We could cite many cases in which marked relief from pain has thus been obtained.

Intraspinal Treatment.

Arsphenamin introduced into the blood does not reach the spinal fluid in appreciable amount. The Wassermann may be positive in the spinal fluid but negative in the blood. Salvarsanized serum, given under approved technic by experts therein who have a laboratory worker available, certainly is the measure of choice in many cases, more especially the reinforced serum of Fordyce given warm. Technic is given in Morton's text-book and in other recent works.

We have had cases which we sent to experts for this treatment in whom gastric crises almost entirely disappeared and the general clinical condition improved, and there was little pain thereafter. The ataxic gait remained in all but one case in a series of seven, but none of these cases failed to receive marked relief from pain.

Narcotic Treatment.

Narcotic treatment is frequently resorted to, although one finds little reference thereto in reliable texts. Personally, we have never resorted to narcotics in the routine treatment of pain in tabes, although an occasional dose of morphine has been given. Considerable observation of such cases leads us to the belief that narcotics in the long run render a case hopeless. Several cases of tabes with marked pain have come to our attention in which the patient had become a confirmed morphine addict. Such ones as we have controlled were taken entirely off the morphine as the first duty we owed them; but it was not easy to do, and without positive systemic treatment followed by intraspinal treatment it is often quite impossible to remove the narcotic in these distressing cases.

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COMMENT FROM MONTH TO MONTH

The First Municipal Committee of the Canadian National Council for Combatting Venereal Diseases was launched in Toronto on the 24th of March, 1920. The hon. president is Mr. Justice William Renwick Riddell, and the president, Dr. Frederick W. Marlow. Dr. Gordon Bates, Toronto, is the official general secretary.

Concurrent with the inauguration of the committee, the film-drama, "The End of the Road," was presented by the Council in Massey Hall, when about 17,000 people attended meetings at which the pictures were exhibited. Addresses of an educational character along the lines of prevention were given daily by speakers familiar with the subject. In this way the National Council will first endeavor to awaken the people to a sense of the dangers to any community by venereally infected persons. As time goes on various treatment schemes will be established in various parts of the country.

One educational item of first moment is to educate infected persons to the fact that the dodging from one physician to another in the hope of a speedy cure is the most likely way to prolong

the disease. It is, perhaps, rather difficult for men and women, especially amongst the young, to realize that six or eight weeks or three months in which to effect a cure of an acute case of gonorrhea seems somewhat long; while dismay is often equally manifested over a probable cure of syphilis after treatment of two or three years' duration. It is to be hoped that in the treatment-schemes adopted something more speedy may eventuate, if not in syphilis, at least in gonorrhea. It seems rather humiliating to have to inform a patient that in an acute affection a space of time which savors more of chronicity has to be consumed before any tangible results are achieved. If physicians were obliged to make such doleful prognostics in other acute affections there would be a difficulty in carrying out cheerful treatment to the afflicted mass of mankind.

To Have Good Health Good Sound Teeth are Essential. This is a dictum of recent years. Hence, diagnosis of systemic conditions always necessitate careful observation of the teeth. Many ills to which suffering flesh is heir have almost quite definitely been traced to diseased teeth, and all has not yet been told. The merry investigation goes on apace and daily new discoveries are being made. Now it is the eye of a diplomat restored by the discovery of an aberrant socket; an alopecia areata ameliorated by a root abscess uncovered; psoriasis permanently relieved by the discovery of a dental abnormality; rheumatism—what!—disappearing like vanishing cream, so soon as the teeth have been ordered removed. Be sure you're right, then go ahead, or "atooth."

Newspaper Propaganda is oftentimes a nefarious thing. Patients read the newspapers and some of them, the pátients, fairly glut over and revel in the juicy morsels of medical and surgical science, garnished with all the craft of which the pen is capable—and the writer's art is capable of much. The newspaper man must get stories and they have an eye single to the reader's requirements; the story's the thing. Accuracy as to facts and perspicacity are not nearly so essential where medical and surgical items are concerned. The result is that all the time medical men are correcting the newspaper knowledge of patients.

Now it shifts from tonsils to adenoids, from focal infection to pyorrhea, from sinuses to cocci—and so it goes—a piece here and a piece there—all grist to the mill and the maw of the amateur research artist after scientific tit-bits. Truly there is a sweet savor in mouthing to one's physician the up-to-date newspaper knowledge supped in over the porridge bowl. Many bite off more than they can chew; but no matter, they roll the tasty morsel along their tongues with unwonted gusto. Is it any wonder the teeth of the race suffer?

The Diagnosis of Dental Affections and the therapeutics of teeth removal is not in many cases conducive to happy results. A young man took upon himself to visit Mt. Clemens for what he diagnosed rheumatic affection without ever having consulted his family physician. There an old crank on focal infection as applied to teeth told him that if he had his teeth taken out he would never suffer from rheumatism. He returned home and inquired of his family physician where he could have his teeth X-rayed the cheapest. The physician invited him to his office to have an inspection of his teeth. He had one tooth which had been devitalized and filled. The physician advised an X-ray of that tooth. A root abscess was discovered, and that tooth advised removed, although no promise was made that his rheumatism would disappear. Nor did it. Then the young man began voluntarily treating himself for constipation with Nujol. He began to gain in weight, lost his rheumatism, and was so much improved in general health that he expressed himself as well satisfied with Nujol. Here was a case of rheumatism which was altogether likely caused by caecal stasis. Only for this accidental prescription of petroleum oil he might have lost many of his teeth and retained his constipation and muscular pains.

Certainty is Absolutely Essential in Diagnosing Focal Infections. Whether in teeth, tonsils, caecal stasis, or what not, no operation should be advised until the exact focal spot is determined from which the systemic disorder actually arises. Too many tonsils have been removed on a hit-and-miss dab at a cure for a rheumatic affection, or some other disorder; this only brings the practice of medicine into contempt. The utmost care in diagnosis must always be exercised.

As hundreds of ovaries and appendices have been sacrificed, and tonsils too, perhaps it will be as well to estimate the teeth by the bushel measure. It cannot be said that the positive cause of pyorrhea alveolaris has been identified, so until that has been absolutely established, this dangerous and insidious disease must be held accountable for the wholesale destruction and elimination of the teeth of the human race. So soon as the cause of pyorrhea is definitely known, hundreds of knives will be sharpened for attack on some at present innocent organ. And so goes the merry-go-round! Medicine is becoming more ambitious to prevent disease than to cure it. It is not more dentists and better dentistry that is needed; it seems to be rather more investigators into first causes.

News Items

The Saskatchewan Military Hospital at Moose Jaw is now closed.

Dr. Harold Orr has been appointed to take charge of the administration of the Venereal Diseases Act for Alberta. Clinics are to be located in Edmonton and Calgary, and later on in Medicine Hat and Lethbridge.

Dr. Thomas Bedford Richardson, Toronto, who was obliged to move to Ottawa two years ago in connection with his work on the Pension Board, is returning to Toronto May 1st, where he will be in charge of the district pension office.

Draft plans have been prepared for the new medical building in connection with the University of Alberta. It is to cost about $750,000. During the past winter session one hundred and eighty medical students were registered at this institution, seventy-two being in the first year.

British Columbia is to have a provincial health laboratory; one branch will be in Vancouver in connection with the Vancouver General Hospital, with Drs. J. A. Campbell and Joseph Gibbs in charge; the other will be in connection with the Royal Jubilee Hospital, Victoria. Dr. Miller will be in charge.

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The medical officer of health of Vancouver, Dr. T. F. Underhill, suggests the building of a hospital for infectious diseases, with several hundred beds. This will form an essential part of the extension scheme of the Vancouver General Hospital.

The annual meeting of the Canadian Medical Association is to be held in Vancouver, June 22nd to 25th, 1920. Dr. Charles Lyman Greene, St. Paul, Minn., is to deliver the address in medicine; Lieutenant-Colonel F. Mewburn, Calgary, the address in surgery; Dr. H. H. Young, Baltimore, the address in genito-urinary surgery.

BOOK REVIEWS

Teaching the Sick. A Manual of Occupational Therapy and Re-education. By George Edward Barton, A.F.A., Director of Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with new and elaborate tables. Tenth edition, revised and enlarged. Edited by W. A. Newman Dorland, M.D. Large octavo of 1,201 pages, with 331 illustrations, 119 in colors. Containing over 2,000 new terms. Philadelphia and London: W. B. Saunders Company, 1919. Flexible leather, $5.50 net; thumb index, $6.00 net. Canadian Agents: J. F. Hartz Co., Limited, Toronto.

Practical Organotherapy. The Internal Secretions in General Practice. By Henry R. Harrower, M.D., F.R.S.M. (London.) Glendale, Cal., U.S.A. The Harrower Laboratory.

Dr. Harrower has made special studies on the endocrine glands since 1908. In the intervening period since that year he has contributed numerous papers to American and European medical literature. His study has also taken him abroad two years. The full extent of his special work and observations are set forth in this book, which physicians will find presents the final word on the subject.

Dorland's Medical Dictionary is one of the best for both students and practitioners. The fact that new editions—this is the tenth—warrants its up-to-dateness. It is a book that should be in the hands of every medical student and practitioner.

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A VERITABLE PROP

After the subsidence of the acute symptoms of any serious febrile disease, an examination of the blood will almost always reveal a degree of anemia in direct proportion to the severity and duration of the primary disease. It is thus always desirable in such cases to adopt measures to revive, restore and reconstruct, and with this object in view one should begin at the foundation, i.e., the blood itself. To construct new red cells and reconstruct those which have become dehemoglobinized by disease, nothing is more potent in effect than Pepto-Mangan (Gude). This standard preparation of organic iron and manganese supplies the vital fluid with the elements needed to reconstruct and restore its oxygen carrying capacity, by contributing the necessary hemoglobin. Pepto-Mangan is palatable, absorbable, and promptly assimilable. It encourages the appetite, without disturbing digestion or causing constipation.

CONGESTIVE HEADACHES OF HOT WEATHER

Again the hot weather is with us, and as usual the majority of the American people, after a year's hard work and nervous tension, are looking forward to vacation relaxation. Most of those who can, and there are few who cannot, will seek a change of scene and expose themselves to conditions which in many ways will be widely different from their usual manner of living in their own homes.

But whether the individual goes on a vacation or not, the summer heat will still be with him. Even so-called outings at nearby lake and seashore resorts, all too often result in undue exposure to the sun, over-exertion in endeavor to keep going with the crowds, and eye strain due to the glare of the water.

Heart action is increased, arterial tension raised and congestive headache follows as a natural sequence. A general derangement of the circulation takes place, and usually calls for immediate relief. The headache in particular must be relieved, and the nervous mechanism quieted, while normal organic activity must be maintained.

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Phenalgin is a remarkably serviceable remedy in these cases, for it acts at once and most efficiently, to reduce vascular congestion. This, with its direct sedative action upon the nervous system, promptly alleviates the headache. A particularly gratifying feature, moreover, lies in the fact that although relief from pain is immediate and complete, no undesirable after effects, such as those which follow administrations of many other anodyne measures, narcotic drugs especially, are observed. Normal function is in no way interfered with; indeed, the secretions are augmented —an effect which is of special value in the type of congestive headache due to summer heat. Free secretion in these cases during the hot weather must be maintained above all things.

Medical men will add greatly to the vacation pleasures of patients subject to headache, if they give them a supply of Phenalgin to take with them. An advantage of Phenalgin which the busy practitioner will appreciate is that, containing no narcotic ingredients, its use does not necessitate special blanks, special records, or the other bothersome requirements which must be met in using narcotic drugs.

HOW THE WAR WAS WON

The questions, "Who won the war?" and "How was the war won?" have been discussed by many persons and from many angles. Everyone admits that Marshal Foch was a considerable factor in shaping the course of events, and a statement from him carries great weight.

Interviewed in Paris recently, Marshal Foch said: "How, then, did I win the war? *I did it by smoking my pipe.* I mean to say in not getting excited, in concentrating all my strength." This is great testimony to the value of tobacco.

Pipe-smoking makes men able to do their best work.

International Clinics. Volume I. Thirtieth Series, 1920. Philadelphia and London: J. B. Lippincott Co., Montreal, 201 Unity Building.

This quarterly keeps up its high standard of excellence with reported clinics, articles on medicine, neurology, pediatrics, obstetrics, and surgery embodied in this issue. It is profusely illustrated.

Dominion Medical Monthly
And Ontario Medical Journal

Vol. LIV. TORONTO, JUNE, 1920 No. 6

Original Articles

THE MODERN TREATMENT OF TUBERCULOSIS OF THE SPINE

By A. Rendle Short, M.D., B.S., B.Sc., F.R.C.S.
Assistant Surgeon to the Bristol Royal Infirmary.

Until the past few years tuberculous caries of the spine has been one of the most tedious of diseases. There are considerable risks to life. According to some old authorities, about a third of the cases used to die within a few years of the onset. More recent figures are much more favorable in this respect, but the true mortality has still been as high as five or ten per cent. Tubby followed ninety-nine cases for two and a half years, and of these twelve died. Even those who survive are apt to be delicate all their days.

In private practice, or at a special hospital such as Alton, better results can be obtained, and between eighty or ninety per cent. of those in whom treatment is undertaken early, in the pre-curvature stage, are likely under best conditions to make a good recovery. If town dwellers of the hospital class are included, the results are not nearly so good; probably in the past not more than half reach a stage of permanent comfort. In adults, particularly, it has been very unusual to see lasting good results.

The principal drawback of the disease, however, has been the tedious nature of its treatment. It is necessary that the patient should be kept absolutely recumbent, without once sitting up, for a prolonged period—six months for the cervical spine, eighteen months for the dorsal, and twelve months for the dorsi-lumbar (Fraser). Even these times are not enough to ensure safety in the case of adults. After that some form of apparatus must be worn, probably for two years, and sometimes for longer. Seeing that at the end of this time the sufferer will probably be hunch-backed from long slow collapse of the centra of the vertebra, it is not surprising that a tuberculous spine is regarded with feelings akin to despair by the patient and relatives.

One of the few blessings brought us by the war was the opportunity to meet and converse freely with some of the best American surgeons, who had come over to France and were temporarily attached to British hospitals there. One could therefore profit by the experience, not only of the brilliant and sometimes too sanguine inventors of new treatments, but also of the more cautious rank and file. I was greatly impressed by the glowing terms in which a number of them spoke of Albee's operation for tuberculous caries of the spine. One of them described it as "one of the most gratifying operations in surgery." I was therefore encouraged to make trial of the method, and so far have operated on five patients. Of these the fifth is still in hospital, and although he is doing well I shall not describe the case in detail.

The technique, very briefly, is as follows. By means of an electric cable saw, or an Albee saw, a graft about five or six inches long is cut from the subcutaneous surface of the tibia. If the crest is spared the bone is not weakened. Then the spines of five vertebra, including the most prominent spine at the apex of the angular curvature, two above and two below, are split, not quite in the middle line, by the chisel, and a bed made for the graft to lie in. It is necessary sometimes to include a sixth spine. The graft is fixed by catgut sutures, uniting its periosteum with that of the fascia of the back, and as far as possible these fascia are brought over the graft to bury it.

In one of my cases it was necessary to bend the graft on account of the severity of the angular curvature. This bending is facilitated by four or five cross-cuts with the saw on the marrow surface of the graft, going halfway through it. The operation should not involve any particular degree of shock or bleeding.

The patient is kept absolutely recumbent on a bed with a pulley arrangement for raising him without rolling or sitting him up. At the end of two months a light plaster jacket is fitted, which is to be worn for about six months. As soon as the jacket is firmly set and dry the patient is allowed up.

As will be seen by the four case-reports appended, three patients have been restored by this treatment to a condition which, so far at any rate, may be described as a cure: they are able to get about freely and without pain, and there has been no increase of deformity beyond that which they had developed at the time of the operation. The fourth case is undoubtedly a great deal improved. Two of the four patients had been treated for years by other methods without success.

Indications and Contra-indications.—In view of the small

risks of the operation and its many advantages. I am of opinion that it should be the routine treatment of all cases of tuberculous spine, unless contra-indications are present. These advantages are: (1) The great shortening in the time to be spent in bed—the period is reduced from twelve or eighteen months to two months; (2) the shortening of the time during which an apparatus or jacket must be worn; (3) the increased proportion of the cases who attain to a life of comfort, at any rate in patients of the hospital class—it is particularly amongst adults that this advantage is seen, because in them it is so difficult to obtain a lasting cure by recumbency; (4) the avoidance of any increase in the deformity.

The principal contra-indications are as follows: In children under the age of twelve the vertebral spines are so slender that it is difficult to split them properly, and the operation may fail. In the cervical region, at any age, the same difficulty prevails. If a dorsal abscess is present the graft might not unite. I have refused one case because there were two tuberculous foci in the spine, another because several bones and joints were also affected, and a third because paraplegia was present; but these are relative rather than absolute contra-indications. Albee himself recognizes no contra-indications except sepsis.

Rationale of the Treatment.—The main agency by which healing may be obtained in a tuberculous bone is rest. When the disease is situated in the centra of one or more vertebra this rest may be obtained effectually by prolonged and absolute recumbency, but when the patient gets about again the more or less perfectly recovered area is bound to be subjected to strain and pressure. Obviously such external support as may be afforded by a jacket, though it may protect against movements, cannot help much in taking off the pressure.

When the graft is introduced, and has become welded by firm bony union to the two vertebral spines above the apex of the angular deformity and to the two below, the five spines form one rigid mass quite capable of acting as an efficient splint. Aided by the articular processes and pedicles of the vertebra, it can transmit the weight of the upper part of the body without involving the centra in any injurious pressure. They are further protected from such a degree of collapse as would exaggerate the hunch-back deformity.

Non-union of the graft seldom, if ever, occurs unless there is gross suppuration.

Treatment of Spinal Caries apart from Operation.—Some improvements have been made of late in the appliances which may be

used both during the period of recumbency and when the patient is up and about.

For the first period probably nothing is better than a Phelps box for young children and a spinal carriage for older children and adults. Where this latter cannot be obtained the Whitman frame presents great advantages. It consists of an oblong made of half-inch gas-piping, as wide as the patient's shoulders and eight inches longer than his height; over this frame canvas is stretched for him to lie upon, with a mackintosh beneath the buttocks. A canvas apron is tied over the patient to keep him from rolling off or sitting up. The advantages of this simple contrivance are that it can either lie on the bed or be carried into the garden, and that by bending the frame opposite the angular deformity some protection may be given against its increase.

When at the end of twelve or eighteen months the patient begins to get up he is apt to faint. Sir H. Gauvain has invented a tip-up carriage to be used at this stage, to accustom the sufferer to the semi-erect attitude by degrees before he leaves his couch.

When the period of recumbency has passed, and the time for getting about has arrived, the question of the most suitable spinal support arises. A well-applied plaster jacket, fitting snugly over the great trochanters, is efficient but very heavy. Better is Gauvain's celluloid substitute, impregnated with calcium chloride to render it non-inflammable. It is much lighter to wear, but it is a long, tedious business for the doctor or the nurse to prepare it.

Poroplastic and leather jackets save the doctor trouble, but are very little support for the patient's spine. A well-made Taylor brace, with a pelvic band and two paravertebral rods with a jacket fitted to them, is better. One or other of these supports should be worn for two years, and longer still if pain returns.

Cases of cervical caries are not very suitable for the Albee bone-graft, but fortunately they do not require so long a period of recumbency. Six months will usually suffice. During this time some means must be found to fix the head, either a weight extension or sandbags on either side. Only one very small pillow must be allowed.

When the patient gets up the best appliance is a plaster or celluloid jacket, either of the "Minerva" or the "fillet" type. In the "Minerva" the jacket fits over the trochanters and covers the abdomen, chest and shoulders, with armholes and an abdominal window; it then embraces the neck and takes the weight of the head, reaching as high up as a line drawn from the external occipital protuberance just below the ears to the point of the chin. This

fixes the lower jaw and is awkward for eating. The "fillet" improves upon it by cutting away a piece under the chin sufficiently to free the jaw, and to compensate for this a band of plaster is carried from the external occipital protuberance around the forehead. These appliances are effective but not comfortable, and after six months may be replaced by a jurymast attached to an ordinary plaster jacket, or a Taylor ring to support the occiput and chin attached to a Taylor brace.

Four Cases Treated by Albee's Operation.

Case 1.—H. H., boy, aged twelve. Four months' history. For three months unable to walk on account of pain in the back and legs giving way. No actual paraplegia. Angular deformity, slight, in lower dorsal region. Skiagram shows blurring. Operation May 14th, 1918. Was running about in three months in comfort. At Christmas, 1919, was visiting the Infirmary free from pain and able to do anything.

Case 2.—C. H., man, aged thirty-six. Trouble dates from blow on back in 1914. Has been treated as out-patient and in-patient at Guy's and St. Thomas's, with rest in bed for long periods, and wore a poroplastic jacket. Still great pain and weakness. Marked angular deformity in lower dorsal region. Operation October 15th, 1918. Was getting about without pain in three months, and greatly regretted that he had not had the operation long before. Seen by Dr. L. J. Short in January, 1920. Patient is of a grumbling type, and has phthisis. His back is firm and free from all but slight pain, and he can get about the house.

Case 3.—C. M., man, aged thirty-two. Seven years' history. In 1916 was treated by a year in bed, then got up with plaster jacket, followed by poroplastic jacket. Pain returned in 1918; by spring of 1919 was quite incapacitated, and cannot sit up without the jacket on. Angular deformity over 10th dorsal spine, moderate degree. Operation July 1st, 1919. Is now able to walk several miles with little or no pain, and has returned to work (as a tailor).

Case 4.—S. C., man, aged thirty-three. Slight symptoms for eighteen months, severe pain and disability for two months. Cannot walk more than a few yards. Angular deformity over 8th dorsal spine. Operation July 29th, 1919. Seen in February, 1920. Can walk ten miles, and is quite free from pain. Wearing a light plaster jacket still.—*Bristol Medical Journal.*

Reference: Albee, Surg. Gyne. and Obstet., 1914, vol. xviii, p. 699.

THE INDICATIONS FOR THE REMOVAL OF TONSILS AND ADENOIDS*

By J. F. O'Malley, F.R.C.S.

Major R.A.M.C.; Surgeon Royal Ear Hospital; Surgeon to the Ear, Nose and Throat Dept., University College Hospital; Aural Surgeon Evelina Hospital; Surgeon for Diseases of the Ear, Nose and Throat, Royal Herbert Hospital, Woolwich, etc.

This subject is of special interest and importance now that so many children's clinics are being established all over the country. In this special kind of work the constantly recurring question is, For what conditions will you operate?

I place before you a scheme which is, more or less, my own guide in this work. The ear, nose, throat, chest and general affections and symptoms given, singly or in combination, form the chief indications for operation in all cases up to puberty and in the early years of adolescence.

I.—Ear Affections.

1. Acute mastoid disease.
2. Otorrhea, acute or chronic.
3. Recurrent earache.
4. Some slight deafness.
5. Deafness which recurs with colds.

II.—Nose Affections.

1. Frequent nasal discharge.
2. Hypertrophic rhinitis.
3. Mouth-breathing, by day or night, due to respiratory obstruction.
4. Epistaxis.
5. Frequent head colds.
6. Vaso-motor rhinitis.

III.—Throat Affections.

1. Tonsilitis, especially recurring.
2. Peritonsillar abscess.
3. Pharyngitis or recurring naso-pharyngeal catarrh.
4. Hoarseness and laryngitis.
5. Enlarged cervical glands, especially with recurring tonsilitis and pharyngitis.
6. Very large tonsils.
7. Respiratory obstruction.
8. Threatened alteration of voice or articulation.
9. Spasmodic cough.

*Condensed report of a lecture delivered at the Royal Society of Medicine, on Feb. 19, 1920.

IV.—*Chest Affections.*

1. Bronchitis recurring after head colds.
2. Chest deformity, threatened or present, due to respiratory obstruction, i.e.,
   (*a*) Round shoulders, head poked forwards.
   (*b*) Pigeon chest.
3. Asthma.

V. *General Affections.*

1. Recurring febrile attacks.
2. Health poor; child pale, pasty, peevish.
3. Rheumatism (acute, chronic, rheumatoid arthritis.)
4. Chorea.
5. Epilepsy.
6. Laryngismus stridulosa.
7. Night terrors.
8. Nocturnal enuresis.
9. Aprosexia.
10. Headaches.

The list is a long one, and I am far from suggesting you should take out the tonsils and adenoids when you meet with any of the diseases enumerated.

Mastoid disease is a complication of middle ear suppuration, which in turn results from naso-pharyngeal infection. Removal of tonsils and adenoids is an essential part of the operation for acute mastoid disease, and should be undertaken at the same time.

All cases of otorrhea, except the rare traumatic ones, result from post-nasal infection, this sepsis being always due, in children, to the presence of adenoids.

True earache results from inflammatory involvement of the Eustachian tube, or the middle ear, or both. The pain is usually proportionate to the degree of swelling of the mucous membrane. Pain associated with Eustachian disease alone is commonly referred by the patient to the side of the neck, below the ear and behind the angle of the jaw. Middle ear pain alone is felt deep in the meatus. Pain deep in the meatus and behind the angle of the jaw simultaneously, becoming more manifest on swallowing, means involvement of both tube and middle ear.

Deafness may be due to catarrhal inflammatory swelling or secretion in the Eustachian tube, or middle ear, or both.

Frequent nasal discharge is commonly a sign of hypertrophic rhinitis. The latter is markedly influenced by posture and hot, dry atmospheric conditions, and plays a large part in the cases which suffer from nocturnal mouth-breathing, due to postural

nasal obstruction. When the latter is fully established, the removal of tonsils and adenoids alone will not suffice to cure the obstruction; it is necessary to trim off a small part of the redundant, soft, free margin of the enlarged turbinate.

Mouth-breathing results from nasal respiratory obstruction, which, during most of the first dentition period, may well be due to adenoids. If it persists for some time, there will be developmental changes in the alveoli of both jaws, with probably some degree of permanent incapacity.

Epistaxis during infancy is a fairly common symptom of the presence of adenoids which are causing respiratory obstruction.

Frequent head colds are of two types: true, and apparent. Adenoids cause frequent hyperemia of the turbinates, especially at their anterior bulbous ends. This leads to some nasal obstruction anteriorly, followed by rarefaction and hyperemia behind the occluded point, and is attended by a feeling of stuffiness, with or without free secretion.

A single attack of tonsillar inflammation, especially if caused by oral sepsis, is not in itself sufficient indication for operation; but it must be differently viewed when associated with adenoids, earache and deafness. Recurring tonsilitis is usually due to oral, nasal, or post-nasal sepsis; or it may depend on an anatomical peculiarity of the tonsil. Buried, ragged tonsils contain deep crypts which are never well drained. During health these are innocuous, but exposure to hardship or chill lower the resistance and the crypts act as culture tubes. The proper treatment for these cases is enucleation.

Pharyngitis may be caused by oral sepsis, usually of dental origin, or due to mouth-breathing, or to both combined. Frequently it is associated with adenoids and post-nasal or nasal sepsis. When the primary cause of these conditions can be traced to the ill-effects of tonsils and adenoids, operation is indicated.

In the case of peritonsillar abscess, the tonsils should be enucleated about three weeks after the abscess has ceased to discharge.

With regard to enlarged cervical glands of 2,000 children examined at the Evelina Hospital, between three and twelve years of age, 95 per cent. had palpable cervical glands in both the anterior and posterior triangles. Usually they were discrete, but occasionally massed. In the latter case tuberculous infection should be suspected. The tubercle seems to be a secondary infection, grafted on a previous chronic septic adenitis. The re-

moval of tonsils and adenoids, which are the seat of the original trouble, is thus indicated.

Very large tonsils are sometimes encountered accidentally in patients in apparent good health, and are then usually due to pure lymphatic hypertrophy. As a rule the substance is firm to the touch, the crypts superficial, and in some cases the capsule is only partially covering the upper pole, so that there is no tonsillar recess, and peritonsillar abscess is impossible. If in such circumstances the child has tonsilitis, it is usually of the follicular type. But when the lymphatic tissue has reached its limit of capacity to hypertrophy, and involution is setting in, it seems to be more prone to attack, and then sepsis will expend itself in producing a severe reaction and swelling, which destroys the epithelial lining of the crypts, and the dead cells form the white plugs which are so characteristic of follicular tonsilitis. After the first severe attack of such inflammation the tonsils should be removed, as they have now ceased to carry on their accustomed function.

In the absence of chest, ear or nasal cause, diseased tonsils and adenoids may set up faucial and laryngeal irritation and an explosive cough, for which operative treatment is indicated.

Asthma may be associated with some nasal affection, such as hypertrophic or vasomotor rhinitis, largely due to the presence of adenoids and remediable by the removal of the adenoid.

Affections which cause nasal obstruction play a large part in the production of defective thoracic expansion, and that is often so even in rickets. The treatment of actual or threatened chest defects must therefore lie in the direction of trying to establish free nasal respiration.

Dealing with general affections, Mr. O'Malley said the indications for the removal of tonsils and adenoids in the presence of the several diseases given under this head in the table could not be set out dogmatically, one reason for this being that such conditions as epilepsy and laryngismus stridulosa belong to a class of nervous diseases whose etiology and pathological basis are as yet only imperfectly understood. In some cases, however, in which epilepsy, nocturnal enuxesis, laryngismus stridulosa and night-terrors existed with symptoms of tonsil and adenoid trouble, the removal of the latter has caused a disappearance of the symptoms.

Recurring febrile attacks may be due to intranasal, post-nasal, or tonsillar inflammation and sepsis. And in certain cases of acute rheumatism the joint manifestations are definitely preceded

by an attack of acute tonsilitis. Removal of tonsils after the joint trouble has subsided and the temperature has fallen seems a reasonable safeguard against recurrence. Sufferers from recurrences of acute, sub-acute or chronic rheumatism or rheumatoid arthritis should be carefully examined for the presence of sepsis by expressing the tonsillar contents and submitting them to the microscope. If sepsis be present, the tonsils should be removed. Many histories confirm the wisdom of this.

Mental and physical lassitude, known as aprosexia, may be remedied in many children by the removal of their adenoids. Headaches and night-terrors are, in a large proportion of cases, due to nasal or post-nasal obstruction, and the consequent defective aeration of the blood. Removal of the obstructing adenoids here also will bring great relief.—*The Medical Press.*

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

The University of Toronto has put on a series of lectures for the Medical Society in Hamilton—lectures of great success and well attended. This has been in connection with the scheme of the Ontario Medical Association, thus providing extension lectures for practitioners throughout Western Ontario, and especially Hamilton and the Niagara Peninsula. The University expects to put on in July extension lectures in Paediatrics in the Hospital for Sick Children in Toronto. For these bedside clinics illustrating the lectures will be given twice a week. There are to be eight lectures on infant feeding; four on acute intestinal disorders; four on congenital and acquired heart diseases; four on infectious diseases; lectures on the common nervous disorders of children; the diagnosis and treatment of syphilis; diagnosis and management of malnutrition in older children.

These lectures and clinics should be of the best advantage and value to practitioners and are quite likely to be largely attended.

The fee for the month will be $20.00.

The Physiotherapeutic Work in the Canadian Military Hospitals as carried out in the various hospital centres of Canada, that is the military districts, are divided into active treatment cen-

tres and convalescent centres. In the former the surgical operative work is performed, and in the latter, where the patient is sent after operation, the several schemes of treatment are carried out.

There is an office for the medical officer in charge of treatment departments. Here examinations and re-examinations are made; the records of attendance kept. There is a massage room excellently furnished; a smaller room for masseurs to whom are intrusted heavy and lower extremity stump cases; another room for electrical treatment; a hydrotherapy department; rooms for workers in muscle function training; a rest room for patients.

On arriving in Canada patients are sent to their home district as far as possible, having in mind this and the patient's disability. He is first subjected to a careful physical examination, electrical reaction of muscles taken in nerve cases, and angular measurements taken, including joint lesions. The patient is then detailed to the treatment department whether after operation or not; and the officer in charge is always made responsible for the treatment to be carried out. There is no change except on consultation with the medical officer immediately concerned.

In the gymnasium there are organized games, hand ball, medicine ball, giant hole, and badminton. The game of billiards for fine co-ordination is employed in these treatment schemes.

When the history of the hospitals of the Military Districts of Canada is written, the Canadian people will see what excellent care has been employed in fitting the soldier for a return to civilian life.

Some of the Medical Departments of the provincial universities have fared very well this session at the hands of the Ontario Farmer-Labor Government. Perhaps the others will get theirs next season. In beginning to attack the problem of education in this province, the Government may have started at the wrong end.

There is unrest throughout Ontario at the condition of education, particularly the condition in rural schools; in some instances the rural schools are depleted, and much talk has there been of consolidated schools. It is certain that there is such a large problem that it requires a bold man and a strong man to attempt a reformation.

All over Canada is heard the cry that the country does not seem to be producing strong men. Perhaps the fault may be laid at the door of our educational system. It is quite apparent that the test

of any system of education is the man it produces. If Ontario is not producing the brainy men it formerly did, then the sooner the education edifice is set in order the better. The trouble seems to be that there is a break in our educational system. Education as it pertains in Ontario is not a unified body.

The cost of education in the primary and secondary schools is borne by the taxpayer, and each taxpayer has the right to state, to declare whether his school tax is to go to separate or public schools. Be a boy never so brainy—and that is what the country is crying for—brainy men—he cannot pursue university life unless his father can afford to send him to the university. A discrimination is here made in our educational system between the rich man's son and the poor man's son, or between the well-to-do, comparatively speaking, and the ill off. If he decide to "work himself through college," he is handicapped by reason of the system prevailing, so cannot develop his brain power to the fullest extent possible. It is a serious problem and it is surprising that not even the working classes or their leaders recognize this handicap for their children.

If a reform of our educational system is to obtain in the near future it should be unified and co-ordinated so that every child that wishes a university education—and not all wish it—should have a fair opportunity. Taxpayers should have some such option to make declaration whether they are to be put down on the assessment rolls as university supporters or not. Then wipe away all fees in the universities, and let us have free schools and free universities—no break in our educational system, but a unified whole. It is the only way we can produce the brainy men required.

The Further We Go the deeper we seem to get in the mire. Now the Finance Minister, in the new budget, is placing a heavy tax on alcoholic beverages—no, that is wrong,—alcoholic medicines; for are not all alcoholic liquors, medicines. Then we have prohibition—how is such a tax to produce any revenue?

About the O.T.A. the people voiced their opinions on the 20th of October last; but the Premier promises a Commission in the interim concerning this measure. Then he has stated he does not like the difficulties of administration. It is quite true we have closed the bars, but to call the condition at present prevailing in this province prohibition, is simply ludicrous.

It is probably the correct thing for doctors to have control over the issuance of prescriptions; what they do not like is the club held

over them. From appearances there does not appear to be any relief in sight.

An Act which has to be amended every session will soon get into the category of the Ditches and Water Courses Act. That Act years ago became a laughing-stock and a by-word as every session of the Legislature saw some amendments made thereto. The Government must exercise more perspicacity in legislation in this direction, or the Ontario Temperance Act will come into contempt with the people. Indeed, there are signs it is on the border line. Then we shall have a strong body of electors asking for its repeal. So long as the supporters of temperance and the adherents of alcoholic beverages remain about equally divided, there will be no strong public sentiment behind the measure. Then there will be the danger of referendum after referendum.

This is a matter the medical profession should get together on. The Academy of Medicine, the city medical societies, the county and district societies, the provincial medical organization should come to some decision as to the value, if it has any value, of alcohol as a food or a medicine. The medical profession must advise the people and tell them whether alcohol is any good in the practice of medicine or not. The whole profession must have a chance to express their opinion. Perhaps this might best be done by the Medical Council.

The last Government did not play the game fairly with the people. The present Government has assured the people of its desire to be sincere and of its honesty of purpose, and of its repeated expression of a possibility of the Farmer-Labor interests merging in the near future into a People's Party.

A possibility of future trouble in taking a referendum to make Ontario "bone dry" and thus do away with importation from province to province must not be overlooked. There is no use of borrowing trouble, and there is an old saying: Never trouble trouble until trouble troubles you. Statesmen and legislators should keep their eyes open to the future. The article of the British North American Act which bears on Free Trade between the colonies, or which is now referred to as interprovincial trade, reads as follows: (121). "All articles of the growth, produce or manufacture of any one of the provinces shall, from and after the union, be admitted free into each of the other provinces." There is danger here that the prohibition of importation from Quebec might be an irritant source of much friction. It will be well to be careful and to be fair.

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News Items

Queen's Medical College is preparing for a forward movement. Salaries have been increased and the permanent staff is being enlarged by six new professors. The Ontario Government is giving $80,000 a year for five years for improving the General Hospital. This will greatly benefit the clinics and it is now thought there will be a necessity to move to Ottawa, as has been mentioned. The General Hospital now has in sight about $1,000,000.

Dr. Hagar's maternity hospital, Ottawa, was destroyed by fire on the 13th of May. Two lives were lost. There were nine patients and six babies in the hospital when the fire occurred.

Doctors C. R. Cuthbertson, Fred W. Winnett, Price Brown, Toronto, have returned from California.

Dr. Chas. J. Copp, Toronto, has returned from a trip through Western Canada.

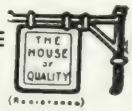
Dr. Fred Cleland, Toronto, attended the annual meeting of the American Medical Association held in New Orleans in May.

There are 1,715 returned soldiers under treatment for tuberculosis in sanatoria throughout Canada. Fifteen per cent. are considered incurable.

Dr. D. A. Craig, Medical Superintendent, Byron Sanatorium, London, Ontario, has become medical consultant on the staff of the Massachusetts-Halifax Health Commission.

Dr. Dowell Young, of Cornell University, has been appointed professor of biology in Dalhousie University, Halifax, N.S.

Major-General John Taylor Fotheringham, C.M.G., Director-General of the Canadian Medical Services, has resigned and is re-entering private practice in Toronto. He is established at his former home, 20 Wellesley Street. Dr. Fotheringham, prior to the outbreak of war, was a consulting physician.



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BOOK REVIEWS

Principles and Practice of Physical Diagnosis. By John C. DaCosta, Jr., M.D. Fourth Edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company. Canadian Agents: J. F. Hartz Co., Toronto.

This is an excellent work, and the present edition will be found to be well up to modern methods. It is exceedingly well illustrated.

International Clinics. Vol. II. Twenty-ninth series, 1919. Philadelphia and London. J. B. Lippincott Co., Montreal, 201 Unity Building.

Modern Surgery: General and Operative. By J. Chalmers DaCosta, M.D., Samuel D. Gross Professor of Surgery, Jefferson Medical College, Philadelphia, Pa. Eighth Edition, revised, enlarged and reset. Octavo of 1,697 pages, with 1,177 illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $8 net.

The eighth edition of DaCosta speaks for itself. It is a large and comprehensive book approaching 1,700 pages, beautifully illustrated and thoroughly up to modern requirements. Both students and practitioners will find this surgery of great value.

Manual of Obstetrics. By Edward P. Davis, A.M., M.D., F.A.C.S., Professor of Obstetrics in the Jefferson Medical College, Philadelphia. Second edition. Philadelphia and London: W. B. Saunders Company. Canadian Agents: The J. F. Hartz Company, Toronto.

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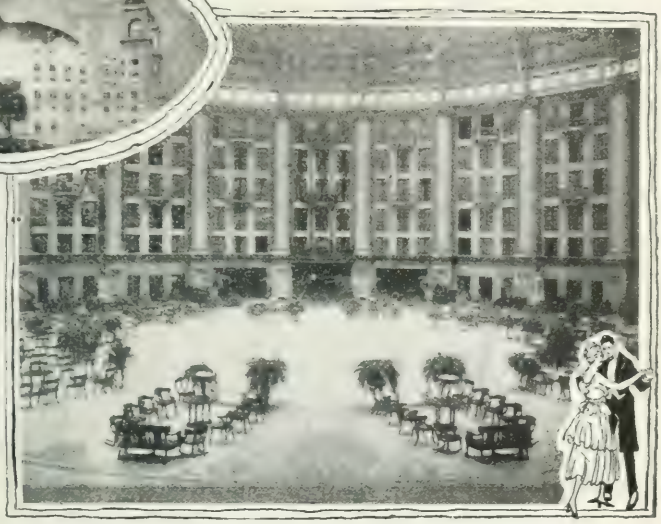

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Original Articles

POSTERIOR POSITIONS OF THE OCCIPUT, AND THEIR MANAGEMENT*

By Herbert G. Partridge, M.D., Providence, R.I.

One of the most important conditions in obstetrics, and one which has not received the attention which it deserves, is that of posterior positions of the occiput. Its importance is evidenced by its frequency, and the dangers to both mother and child; its neglect by the fact that no paper upon this topic has been read before this Society, during its entire history. Moreover, a large percentage of cases of difficult labor, in hospital, private practice, and especially in consultation, are due to this cause. A consideration of this subject may well be, therefore, of more value than that of almost any other topic in obstetrics.

Frequency—Williams states that the percentage of occipito-posterior positions in the Johns Hopkins Hospital was 11.3 per cent. Cragin, reporting from the Sloane Maternity gives a percentage of 11.05 per cent. In the Providence Lying-in Hospital, in 13,000 cases there was 1332 cases of right posterior position, or 12.4 per cent., and 334 cases of left posterior, or 2.5 per cent., making a total incidence of posterior positions of 12.8 per cent. In addition to these, there were a considerable number which were classified in the records as right anterior, and undoubtedly a large number of these were in reality posterior at the beginning. It is interesting to note, in looking over the records, how many more right anterior positions are diagnosed by certain internes than by others. This is due, I believe, to the differing skill in vaginal examination. From these figures it will be seen that posterior positions are sufficiently numerous to warrant study, both as to diagnosis and treatment.

Causes—It is stated by some writers that the head normally enters the pelvic inlet in the transverse diameter, and that after

*Read before the Rhode Island Medical Society, March 4th, 1920.

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the engaging surface has passed the inlet the occiput rotates either to the anterior or to the posterior. It may fairly be said that this opinion may still be open to some question. It is very difficult in most cases to determine exactly the moment when the head engages, and in fact usually by the time the examiner sees the patient, the position is determined.

Most of the authorities dismiss the etiology with a few brief and rather vague sentences; in fact some barely mention it. In my own experience, two conditions have so often been present in connection with these cases of posterior position, that I have been led to believe that they both may be causative factors.

In a very large proportion of these cases, the flexion of the head is not complete, and while the presentation is still a vertex, and not a brow, the head is almost at right angles to the shoulders, a position which has been aptly named "the military position." Of course, this deficient flexion is seen also in anterior positions, and is then a cause of dystocia, but I do not believe it is seen so often as in the cases of posterior position.

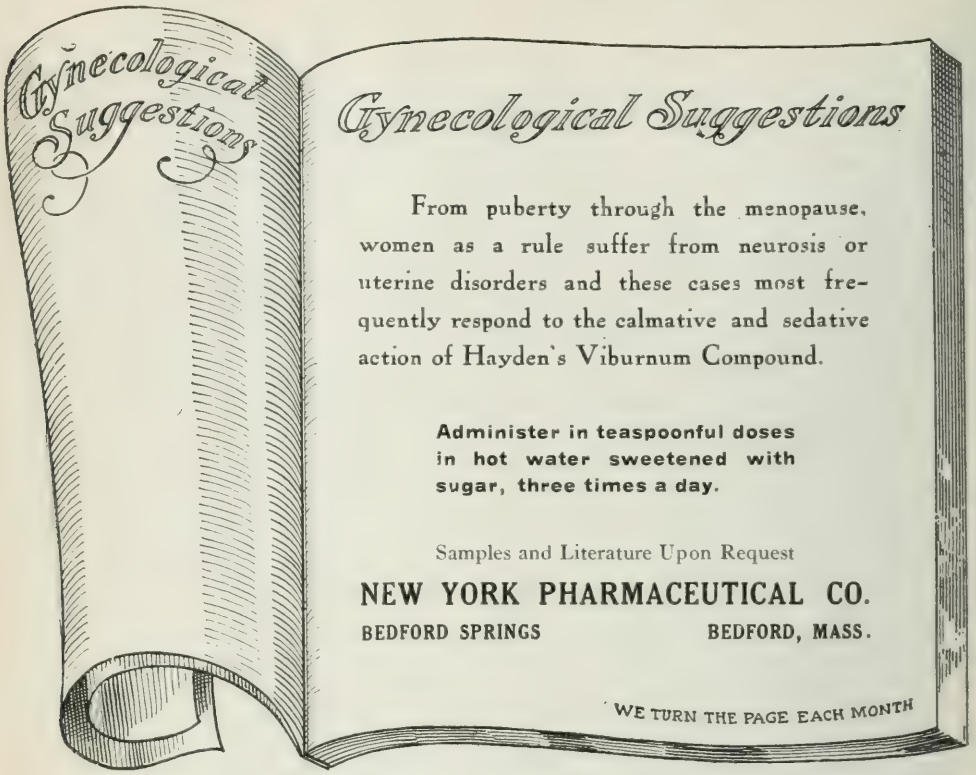
A second factor which is often operative is what I am in the habit of terming a "hard head"; i.e. a head more than usually ossified, with unyielding bones, and a very small anterior fontanelle. Such heads do not mould well, and often cause prolonged labors. In my experience they are seen in the majority of the cases of posterior position.

It has been observed that some patients have repeated posterior positions, thus suggesting that there is some peculiarity in those individuals. What that may be, in most cases we cannot ascertain.

Diagnosis—In speaking of the diagnosis and treatment, I shall speak in terms of a right posterior position, that being the most common. By substituting the word "left" for "right" the statements will apply equally well to left posterior positions.

On palpation, the back of the fetus is felt on the right, but more towards the flank than in case of an anterior position, and the small parts are more easily felt than usual. The cephalic prominence is felt on the right, and somewhat more prominently than usual and it will be found frequently that the head is not firmly engaged, as engagement does not take place as early as in anterior positions. In general, it may be said that in the great majority of instances in which the back is on the right, the position is right posterior.

On vaginal examination, the posterior fontanelle is found directed toward the right sacro-iliac joint and the anterior fontanelle toward the anterior left of the pelvis, the sagittal suture thus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being in the right oblique diameter. Moreover, in many instances, as has already been mentioned, the flexion of the head is not as complete as usual, and the anterior fontanelle is therefore much more readily felt than normally. After labor has gone on for some time, especially if rotation is not progressing, there forms a thick caput which obscures the sutures and fontanelles, so that an accurate diagnosis is by no means as readily made as is indicated above. Indeed the most experienced examiner may be in doubt until he has introduced the entire hand into the vagina, and palpated the posterior ear and the occiput. Of course this can be done only under complete anesthesia.

By auscultation, the heart is best heard well over in the flank, in an entirely different position from that of its maximum intensity in the case of an anterior position. During labor, however, if normal rotation takes place, it is very interesting to observe the change in the point of maximum intensity of the heart sounds from the flank to the anterior position of the abdomen, as the body of the fetus rotates.

Mechanism—It is usually stated that the mechanism in posterior positions is exactly the same as in anterior positions, the only difference being that the occiput is required to rotate through an arc of 135 degrees instead of forty-five degrees, i.e. from the sacro-iliac synchondrosis to the symphysis, instead of from the ileo-pectineal eminence to the symphysis. It is just this difference, however, that makes these positions so much more difficult for both mother and child. Various writers speak as if this rotation took place in most of the cases, but it is my own opinion, based upon observation, that this is not true. I am always surprised when a primipara is able to rotate a posterior occiput. If the occiput does rotate through this long distance, the remainder of the labor is in nowise different from that of an anterior position which in fact it has now become. In some instances, the occiput rotates into the hollow of the sacrum, and the head may be expelled by the unaided forces of the mother, usually however with considerable damage to the maternal soft parts. At other times, the rotation begins, but does not progress farther than to bring the sagittal suture into the transverse diameter of the pelvis, and often not as far. The pains become ineffectual, and labor must be terminated by art. As has already been mentioned, the caput becomes very thick, so that the scalp appears at the vulva, while in reality the large diameter of the head is still high, thus leading one to believe that delivery will soon be accomplished. This incomplete rotation is in all cases due to faulty flexion. When

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flexion is normal, the occiput reaches the pelvic floor first, and is thus rotated to the anterior.

Clinical History—The progress of labor in these positions is quite different from that in anterior positions, and is so characteristic that one can almost make a diagnosis of the position in many cases without an examination. The membranes are apt to rupture early in the course of labor, due to the fact that the head does not fit as tightly into the inlet of the pelvis, in other words does not engage as firmly at the beginning of labor, as in other positions. The contractions are short in duration, irregular, and not of great strength, and the labor is much prolonged, even in the cases which deliver themselves spontaneously. Because of these deficiencies in the contractions, the cervix dilates slowly, and often interference is demanded, for the sake either of the mother or child, before full dilatation has been reached. And this leads me to say that operative delivery is very often demanded either because the mother is becoming exhausted, or because the child shows signs of prolonged pressure.

Prognosis—As has been intimated, the prognosis will vary according as the occiput rotates to the front or fails in this rotation. In the former case, the danger to the mother is little if any greater than in a primary anterior position, although the labor is usually longer, and the patient is likely to become more tired. If, however, rotation fails, and delivery is by means of forceps, there is far more damage to the maternal soft parts, because the head is necessarily brought over a perineum which has not been prepared in the normal manner by prolonged pressure of the head. Likewise, the danger to the fetus is also increased, because the forceps are applied high up, and the head is subjected to much pressure during the extraction. In addition, during the application of the forceps, inasmuch as the head is often but poorly engaged, the cord may prolapse, and be pressed upon, and cause serious asphyxia or even the death of the fetus.

In the third form of termination of these cases, namely, by the rotation of the occiput into the hollow of the sacrum, the chief danger is to the perineum, due to the fact that the largest diameters of the head pass through the vulva. Instead of the suboccipito-bregmatic and the suboccipito-frontal, of nine and one-half and ten centimeters, respectively, the occipito-frontal and the occipito-bregmatic, of ten and eleven and one-half, respectively, emerge, and over-distend the perineum. There is also some added danger to the child, because of the prolonged labor.

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as 23.1 per cent for the infants, and of the infants who died, about sixty per cent. were stillborn, due undoubtedly to the operative delivery.

We may therefore sum up the prognosis in the statement that the mortality of the mothers is practically nil, while that of the infants is large and worthy of serious thought.

Treatment—Most of the older writers, even down to the time of Lusk, well within the memory of many of us, in describing the operative delivery of these posterior positions, advise the extraction of the head with the face anterior. Some of them, it is true, speak of the possibility and even the advisability in certain selected cases, of rotating the head to the anterior position, either before or during the traction. In most cases this is said to be difficult, and is not advised. At the present day, however, it is recognized that the ideal termination of a posterior position is by its conversion into anterior position, either by means of the maternal forces, or by the assistance of the obstetrician. To this end, it behooves the attendant to exercise the greatest patience, bearing in mind the fact that these cases are almost always prolonged, but that so long as neither the mother nor child shows signs of exhaustion, there is no indication for interference. In many instances, even under favorable conditions, the labor will go on very slowly, the os dilating to admit two or three fingers, and then becoming rigid. It is then well to give the patient a hypodermic of a quarter of a grain of morphine, which will enable her to obtain two or three hours of refreshing sleep or at least some freedom from pain, and allow the uterus, tired out, to regain strength. The cervix often softens under the influence of the morphine, and on awakening, the pains recur with increased vigor, and the labor progresses to a favorable termination. In some cases, if the cervix is extremely rigid, and seems to be dilating very slowly, the insertion of a Voorhees bag will cause it to soften, and after the bag is expelled, the labor will proceed satisfactorily. It must be emphasized again that labor in posterior positions is commonly long and tedious, even if terminated spontaneously.

If, however, the occiput does not rotate at all, or rotates to the transverse position, and the mother or fetus begin to show the effects of the long fruitless labor, operative interference is demanded in the interest of both. The only patient whom I have seen die from the exhaustion of labor was a woman who had been in labor seven days with an unrotated right posterior position. I mention this as an extreme instance of the danger of allowing these patients to try too long to deliver themselves, spontaneously. The

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cardinal principle in the operative delivery of unrotated posterior positions is the conversion of the posterior position to an anterior one. The head should never knowingly be delivered face to the pubis. I say knowingly, because most operators have extracted the head with the occiput persistently posterior, when it was thought that it had been converted into an anterior position. This will happen less and less frequently as the operator becomes experienced. There are two methods by which the head may be turned from a posterior position to an anterior. First, the forceps may be applied as nearly as possible to the sides of the head, and traction made until it impinges upon the floor of the vagina. Then, rotation may be accomplished somewhat as in a normal delivery, by means of the forceps, removing them when the rotation is nearly completed, and reapplying them and then effecting delivery as is usual in an anterior position. This method entails a considerable amount of risk of traumatism to the maternal soft parts, and although recommended by certain authorities, does not seem to me to be the best method. Much the better procedure is to rotate the head by the hand; the entire hand is introduced into the vagina, the head grasped as firmly as possible, and by a turn of the wrist the occiput can always be rotated into the desired position. At times it may be necessary to push the head up and disengage it, before rotation can be accomplished. This is especially true if the labor has gone on for some time, and the head, unrotated, is in sight, or near the perineal floor. In all cases, it is best to over-rotate, so to speak; i.e. in case of a right posterior, the occiput must be passed beyond the promontory of the sacrum, and converted into a left anterior; in case of a left posterior, it must be changed into a right anterior. If this is not done, the head is liable to slip back into its original position, during the application of the second blade of the forceps, when it is difficult to use the fingers in the vagina, as a guide. While the rotation is thus being accomplished by means of the hand applied to the head, an attempt should be made by an assistant to turn the body in the same direction, by pressure along the back of the fetus. If these directions are followed, it will be found that the rotation can in most cases be accomplished without great difficulty; after the head has been super-rotated, as described, it will usually remain in the desired position, and forceps may then be applied precisely as in any anterior position.

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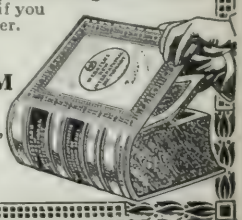

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with lacerations of considerable severity, the delivery is usually easy, in fact often surprisingly so, and the lacerations not deep. During the delivery, if the perineum seems not very elastic, it is wise to do an episiotomy, either single or double. This will often save the patient from a much deeper tear.

In many instances it is true, vigorous traction is necessary, but it should be remembered that the head must be moulded, exactly as in a normal delivery, and that in a forceps delivery we commonly accomplish this moulding in a much shorter time than in a spontaneous birth.

Summary—The points to which I desire especially to call your attention are:

1. The frequency of posterior positions.
2. The mechanism—deficient flexion.
3. The distinctive character of the labor.
4. The serious prognosis for the infant.
5. The treatment by manual rotation of the head, followed by delivery with forceps.—*The Rhode Island Medical Journal.*

QUEBEC'S VITAL STATISTICS—1919.

According to figures just issued by the Quebec Government Bureau of Statistics in 1919, there were 77,015 births or baptisms entered in the registers, as against 82,521 in 1918, 80,381 in 1917, 80,327 in 1916, 83,274 in 1915, and 80,361 in 1914.

In 1919 clergymen of all denominations registered 21,097 marriages in the province, which is a record number, for there had been only 13,031 marriages in 1918, 16,936 in 1917, 16,643 in 1916, 15,437 in 1915, and 16,121 in 1914.

In 1919 the number of deaths amounted to 40,017, which is about equal to 52 per cent. of the number of births. Out of this total of deaths there were 37,097 among Catholics and 2,920 among Protestants and other sects. In 1918 (the year of the Spanish influenza epidemic) 55,086 deaths were registered, in 1917, 37,875; in 1916, 38,206; in 1915, 35,933, and in 1914, 36,002.

In 1911, according to the Federal census, the population of the province was 2,002,232. In 1916, according to municipal reports, it amounted to 2,305,754. At the present moment it cannot be less than 2,500,000.

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THE TREATMENT OF ANTE-PARTUM HEMORRHAGE*

By E. Hastings Tweedy, F.R.C.P.I.

Professor of Obstetrics and Gynecology in the Royal College of Surgeons of Ireland.

(*The Medical Press.*)

In opening a discussion at the Royal Society of Medicine, Dr. Tweedy stated that comparison of results in accidental hemorrhage was difficult because in the compilation of different statistics different standards were adopted. The classification as accidental hemorrhage of all ante-partum hemorrhages other than those arising from placenta previa was a mistake commonly made by nurses and students. Of still greater importance was the determination of the amount of loss which brought the condition within the category of accidental hemorrhage. In the Rotunda Hospital the term was not now used unless the bleeding was sufficient to necessitate calling an assistant master to make a diagnosis and to be responsible for the woman's delivery. He was not summoned unless his presence was required in the interest of the patient, and in this way many insignificant bleedings escaped the records. Thus during his mastership of the Rotunda Dr. Tweedy reported only forty-nine cases of accidental and forty-five of unavoidable hemorrhage in 13,024 deliveries, and in the extern maternity forty-seven in 15,543 deliveries. On the other hand, Sir William Smyly, adopting a different standard, in his first hospital report on 3,600 deliveries, recorded forty-four cases, of which he wrote, "Most of them were of little consequence." Similarly, at St. Mary's Hospital, Manchester, 105 cases of accidental hemorrhage were

*Abstract of paper opening a discussion at the Royal Society of Medicine on May 6th, at the conjoint meeting of the Obstetrical Section with the North of England and Midland Obstetrical and Gynecological Society.

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encountered in the two years 1913-14; eighty-three of these recovered under the measures applicable for the condition in its less severe form (rupture of membranes, and so forth). Seven died in spite of this treatment and fifteen were dealt with by more radical procedures. From these figures Dr. Tweedy inferred that there were certainly twenty-two serious hemorrhages, but that the remainder could probably be classed with most of Sir William Smyly's cases as "of little consequence." Among Dr. Tweedy's forty-nine patients twenty-two were in serious danger and were treated by the vaginal plug. He lost two hospital and seven extern maternity patients, in five of whom the plug was employed. His two hospital deaths probably arose from intraperitoneal hemorrhage, for in one not more than a pint and a half of blood poured into the uterus, whilst in the other the patient's condition improved whilst the plug was in, and the patient died only after completion of the third stage three hours after. From 1913 to 1918, during which time Dr. Tweedy was back at the Rotunda, twenty-three cases of accidental hemorrhage were encountered. The possibility of accidental hemorrhage arising as a result of pregnancy toxemias had by then been established and led to the performance of Cesarean section when the double complication was encountered in a severe form. The procedure was carried out three times with success. Intra-abdominal blood was observed in all three cases, and in one the ovarian artery beneath the Fallopian tube was bleeding. Of the remaining cases, eight were plugged. No deaths occurred from loss of blood. One woman died from sepsis ten days after delivery. Thus Dr. Tweedy's hospital experience comprised seventy-two cases in over 18,000 deliveries, with two deaths. Thirty

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Ottawa, 28th June, 1920.

were plugged. Sir William Smyly, working in the same institution, had five deaths in 3,600 patients treated before his adoption of the plug. These figures were convincing, and could only be explained on the assumption that the plug exercised a pronounced influence on hemorrhage. It acted by impeding the circulation in the uterine vessels. Various other more or less satisfactory explanations had been given of the plug's action. Berkeley and Bonney had satisfied themselves that the efficacy of the plug depended on its increasing the power of the uterus to contract. In dealing with concealed accidental hemorrhage, however, with the accompanying uterine inertia, they were driven to express a doubt whether the plug could have any directly useful effect. A plug applied in the method recommended by these writers would not compress the vessels, for they applied it with the aid of a speculum and a forceps, and used rolls of cotton, each tied round with a string to facilitate removal. Dr. Tweedy felt sure it would not be possible to place in position one dozen such rolls as are portrayed in their illustration, and that those adopting any similar technique must meet with disappointment. He had quoted from Berkeley and Bonney, not because they were singular in their views, but because of their great eminence. They undoubtedly voiced the popular opinion that it was useless to attempt the compression of blood-vessels by vaginal plugs. However, Dr. Tweedy maintained that compression was accomplished with the plug which he applied, and he had demonstrated this during the performance of several Cesarean sections. These operations had afforded his assistants an opportunity of directly observing stoppage of pulsation in the uterine artery while pressure

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was made from below. Dr. Tweedy then described his method of plugging as follows:

To plug efficiently the left hand should be passed into the vagina with the palmar surface directed towards the hollow of the sacrum, while the tips of the fingers lie behind the cervix. Small pieces of cotton-wool, squeezed out of lysol solution, and each of the size of the thumb-knuckle, are then taken and inserted, by means of the right hand, round the cervix. The fingers of the left hand are kept busy squeezing the pellets into a compact mass, and forcing the spaces between them to permit the insertion of still another plug. This process is continued in a systematic manner from above downwards till the vulva is reached, and the vagina can hold no more. A T-bandage is applied to keep the plug in position, and an abdominal binder is fastened tightly from above downwards to press the side walls of the uterus against the vaginal dam, and thus completes the operation. A plug so applied will cause immediate cessation of hemorrhage, and when it is removed after the lapse of hours so much blood only will be found as can be accounted for by the flow that took place during the operation.

The vaginal plug was not easy to apply, nor was its application harmless. If at the first attempt sufficient material could not be inserted to stop the bleeding, the plug had to be removed entirely and reinserted, a procedure made easier by the dilatation of the vagina. Pain, distress, and some shock always followed the application of the plug, and superficial tearing of the mucous membrane of the vagina was almost certain to occur, whilst the possibility of rupture of the uterus could not be discounted. It was clear that the words "vaginal plug" mean in Dublin something different

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from that which they meant elsewhere, and critics must take this into consideration. To what extent intraperitoneal hemorrhage could be controlled by a vaginal plug was still a matter of doubt. In the vicinity of the internal os control was complete. On the other hand, it would utterly fail to stop a leakage from the ovarian artery. The latter supplied a relatively small amount of blood to the placenta, chiefly to its upper portion where detachment was rare. When the main supply was cut off the loss of blood pressure promoted coagulation in the sinuses.

Dr. Tweedy maintained that hysterectomy had no place in the treatment of accidental hemorrhage. Finally, he stated that rupture of the membranes did not contra-indicate the vaginal plug.

News Items

Dr. Frederick Montizambert, C.M.G., for many years Director-General of Public Health for Canada, is retiring on a pension. He will be succeeded by Dr. J. D. Pagé, chief of medical inspection at Quebec. Dr. Emile Nadeau will succeed Dr. Pagé.

The Montreal Medico-Chirurgical Society has decided that when a doctor receives a telephone call asking for advice that he will be entitled to charge a fee. An increase in fees in Montreal will soon be inaugurated.

A total of 745 students were registered in the Medical Faculty in McGill University during the past session. This registration far exceeds that of any other year. Of the number, 145 were ex-soldiers.

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COMMENT FROM MONTH TO MONTH

The Acute Situation in Canada with regard to paper supply and the demands of printers and operatives in the printing business has caused, in the last three or four years, an extraordinary advance in the cost of printing and publishing medical journals as in other journalistic enterprises. Recent advances in prices, in addition to advances in September last, necessitate a change in policy, or rather make-up, of the DOMINION MEDICAL MONTHLY.

Some months ago a medical writer, in the *J.A.M.A.*, advocated advertisements on the left-hand pages right through the journal and reading matter on the right hand pages. The object, as he stated, was to facilitate clipping those items of value in which the particular reader was interested to preserve for filing purposes. Owing to the necessity of the times, our

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readers and subscribers will likely welcome this change in our make-up, and it will be of no inconsiderable advantage to our advertisers as all advertisements, with the exception of outside covers, will have good readable material confronting them.

Our preferred pages will now be found opposite Book Notices, Editorials, News Items and Personals.

The aim of the D. M. M. will be largely to place before our subscribers practical and modern digests and abstracts of the best treatment of the day. Toward this end very short articles will be welcomed for publication. Better make-up will follow.

The Canadian National Council for Combating Venereal Diseases was formed in May, 1919. It is a voluntary organization founded as part of the Dominion Government scheme for combating venereal disease in Canada. Its objects are to assist the Government in its treatment scheme, and in addition to do all other things possible which will tend to enable the country to rid itself of this scourge.

Subsidy and Work by the Provinces.—The Dominion Government through its newly-formed Federal Department of Health has already planned to take an interest in the venereal disease problem. It has planned to launch a campaign against venereal diseases, and with this end in view a grant of $200,000 has been made to the various provinces to assist them in their work. A similar amount will be expended by the provinces and through a department of venereal diseases in each province it is expected that facilities for treatment will be multiplied.

His Excellency the Governor-General has consented to act as patron. The Council is making progress and

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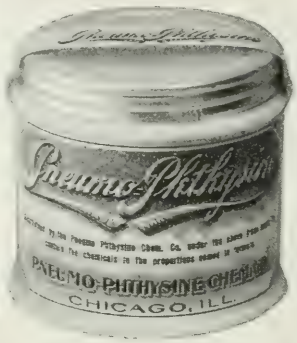

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development by means of its provincial and other committees.

A Committee on Sex Education has been formed, with Professor Peter Sandiford as chairman and the following members: Dr. O. C. J. Withrow, Dr. Margaret Patterson, Dr. Anne Young and Miss Cherry.

An investigation is to be commenced to determine the amount of syphilis in Canada.

Steps are being taken to interest Canadian Manufacturers' Associations and Boards of Trade in the necessity of working out an educational plan to be used among employers in various parts of the country.

Undoubtedly many employees are infected with venereal disease. The fact that this results in a marked lessening of efficiency is of distinct interest to the manufacturer, and it is believed that a carefully worked out scheme for the education of employees will meet with a sympathetic reception.

This would include the designing of posters, educational pay envelope enclosures, etc., and possibly the use of moving-pictures, leaflets and lectures in factories. Where possible arrangements should be made for the treatment of infected employees either by plant doctors or at clinics to be established by the Government.

Provincial committees are asked to encourage all methods of healthy recreation and especially playgrounds and recreation centres.

The Council is also at work on a plan for obtaining funds to start a widespread campaign in which moving-pictures, leaflets, speakers and the press will play a prominent part.

The Educational Department are arranging for

PAIN

though primarily a symptom, will, if allowed to continue, soon depress or disturb every function of the body.

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illustrated talks, using lantern slides, films and charts, in clubs, church organizations, manufacturing plants, Y.M.C.A., Y.W.C.A., Home and School Associations, etc. A Speakers' Committee for this purpose is in process of formation. Suitable literature for free distribution is being prepared and a monthly bulletin covering the Dominion activities of the Council will be issued.

The wonderful film drama, "The End of the Road," which has been shown during the last two months in Ontario, Alberta, Saskatchewan, Manitoba and British Columbia, has created and stimulated interest in the venereal disease campaign. Much favorable comment has been received from leading ministers, doctors, lawyers, business men, etc., many of whom have given short addresses in connection with the screening of this film which has played to capacity houses wherever shown, over 200,000 people having already seen it, and it is still going strong.

Free clinics which are a part of the Government scheme for the treatment of venereal diseases have been established in Toronto, Hamilton, London and Windsor, under the jurisdiction of the Provincial Board of Health of Ontario, and more will be opened shortly.

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THE NEGLECTED THERAPY OF CONVALESCENCE

The physician of education and experience, who keeps in touch with the progress of medicine generally, is well informed as to the treatment of most of the "thousand and one" ills that he is called upon to combat. The diagnosis and treatment of acute conditions as well as the successful management of the more chronic affections are subjects which he is constantly investigating and studying. It so happens, however, that after the dangerous shoals of medical navigation have been successfully negotiated and when the crisis or danger point has been passed, the physician is all too liable to relax his vigilance and to allow the patient to convalesce without sufficient attention to the therapeutic details of this important period. While the feeding of the convalescent is of great importance, the medico-tonic treatment is equally essential, in order to improve the appetite, tone the digestive, assimilative and eliminative functions generally and to hasten the time when the patient shall be once more "upon his feet." Among all the general reconstituent and supportive measures in the therapy of convalescence, none is more essential than the reconstruction of a blood stream of vital integrity and sufficiency. Pepto-Mangan (Gude) is distinctly valuable in this special field, as it furnishes to the more or less devitalized blood the necessary materials (iron and manganese) in such form as to assure their prompt absorption and appropriation. One especial advantage of administering these hematinics in this form, is that digestive disturbance is avoided and constipation is not induced.

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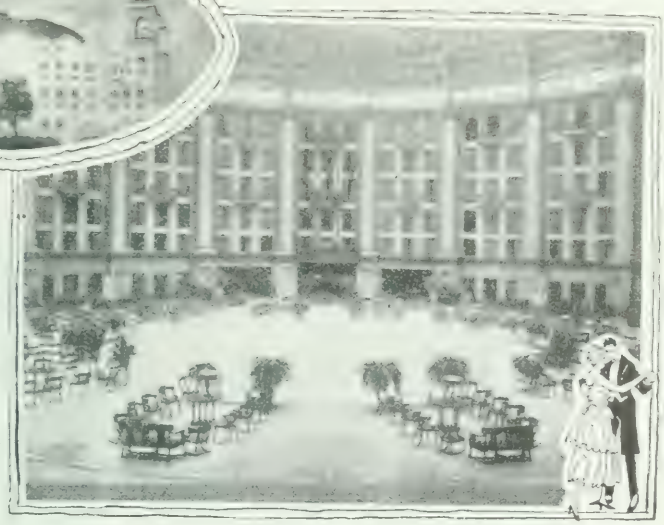

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Dominion Medical Monthly
And Ontario Medical Journal

Vol. LV. TORONTO, AUGUST, 1920 No. 2

Original Articles

DISSEMINATED EPITHELIOMA OF THE FACE

By George Elliott, M.D., Toronto.

Disseminated epithelioma of the face is of such rare occurrence that a few notes on two cases recently under my care may prove of some interest. One was in a lady of ninety-five years; the other in a man of eighty years. In neither case was there any ulceration of the skin.

The lady presented, in addition to many diffuse seborrhoic patches and crusts, several cutaneous horns: one on the scalp in the median line above the hair margin over the forehead; another on the forehead above the outer end of the right eyebrow; a third, nearly one inch long, about the centre of the left cheek. These resembled thumb nails in size, hardness and, with the exception of that on the cheek with broad base and pointed free extremity, were rounded and appeared like a greatly hypertrophied thumb nail. Nothing of interest could be ascertained as to a probable exciting cause.

The treatment of this patient consisted solely in the application of radium, with very satisfactory results.

In the case of the man, undoubtedly exposure to storms, wind and sun had been an exciting factor.

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In addition, many seborrhoic patches were curetted and several touched with acid nitrate of mercury.

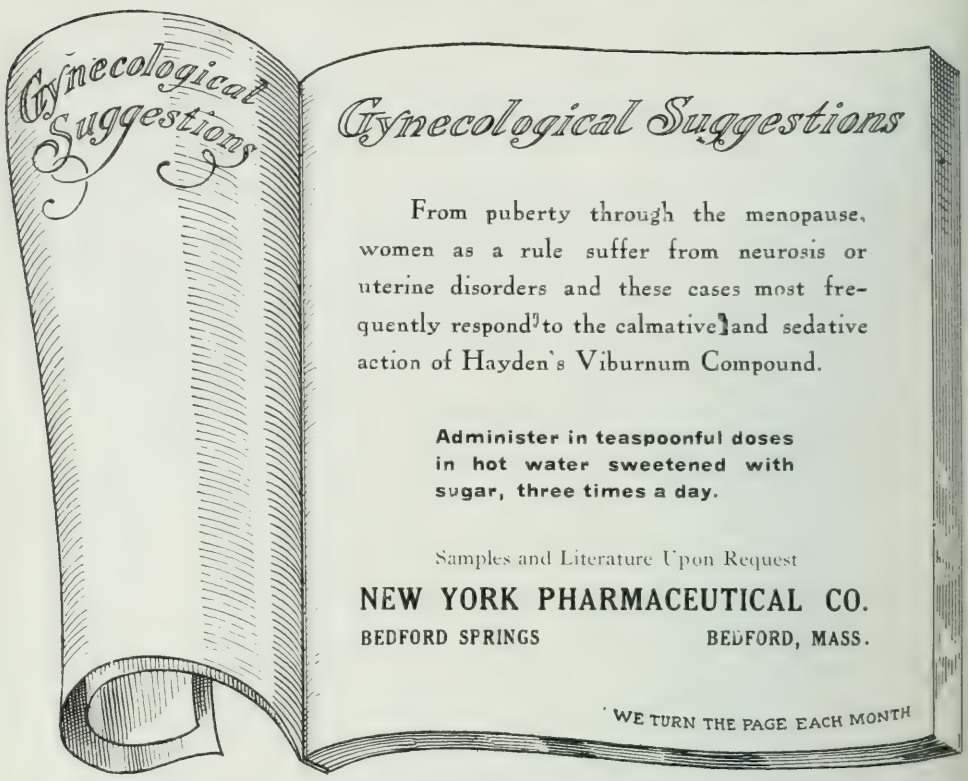
Perhaps, for the complete cure of cutaneous horns, their removal under novacain by the knife and subsequent application to their sites of radium would be the best treatment to follow. Certainly, in these two patients of advanced age, radium brought about exceedingly satisfactory cosmetic effects.

All the lesions in both cases were situated above lines from the lobes of the ears to the angles of the mouth.

219 Spadina Road.

TREATMENT OF HAY FEVER

Robert R. Brownfield (*Southwestern Medicine*, February, 1920) recommends the use of a five per cent. solution of calcium chloride, a teaspoonful in water, three times a day after meals. Calcium increases the resistance of anaphylaxis. Hay fever affects only those tissues supplied by the sphenopalatine ganglion. All intranasal defects should be corrected as fully as possible. The sinuses should be investigated carefully with special attention to the postethmoidal and sphenoidal cells. The region of the sphenomaxillary fossa should always be inspected for areas of congestion or ulceration and, if found, from two to ten per cent. silver nitrate should be used locally. Cocaine applied to the sphenopalatine foramen seems to pro-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duce good results. Following the use of cocaine mild astringents, such as silvol, cuprol, aniline red and quinine urea, are used. If these applications do not suffice, a direct injection of the ganglion with cocaine, novocaine or phenol and alcohol will usually give relief in from one to three treatments.

TREATMENT OF CHRONIC ULCERS

Frank E. Stowell (*Boston Medical and Surgical Journal*, February 12th, 1920) has employed the following treatment for seven years with practically one hundred per cent. success in all cases treated at least two weeks or at most eight weeks. In no case was the patient put to bed or kept from work. The patient sits in a chair on the insulated platform of the static machine, with his legs on a small stool elevated to body level. If necessary the foot and leg are washed with soap suds, rinsed with clear water and dried. The ulcer is cleaned with alcohol. As much dead material as possible is removed with forceps, the base is very gently curetted to remove slough and exudate, the ulcer is cleaned again with alcohol and painted with a fifty per cent. tincture of iodine. The patient is then connected with the negative pole of the static machine, the positive pole being grounded, and the static breeze and sparks thoroughly applied to the ulcer and surrounding areas. A dry dressing, or a boric acid dressing, is applied and the leg is bandaged very tightly from the foot to the knee. This treatment is repeated three times a week. After the ulcer is healed the patient must wear a tight-fitting elastic stocking.—*N.Y.M.J.*

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SPECIFIC TREATMENT OF HAY FEVER

Francis M. Rackemann (*Boston Medical and Surgical Journal*, March 18th, 1920) summarizes the results of treatment in ninety-one cases of fall (ragweed) hay fever as follows: Nearly nine per cent. of the patients were entirely freed of their symptoms; sixty-two per cent. were considerably relieved; of the remaining twenty-eight per cent., about one third showed no relief at all. These results were determined by personal communications four to six weeks after the ragweed season. Nineteen other patients did not reply. The best results are apparently obtained with a moderate amount of specific treatment. Systemic reactions occur after two per cent. of individual injections, and are not always due to an overdose. In view of the fact that so few of the postulates of experimental anaphylaxis hold good for hay fever, it is probable that the disease depends upon a mechanism which is not anaphylactic, but is closely associated with that of drug idiosyncrasies.

WHAT OF CALOMEL?

The virtue of calomel in the treatment of "biliousness" has been called in question and certain physicians have almost ceased to use the drug except externally. Yet the average clinician has not had his faith in calomel shaken. Yes, it is true that calomel does not increase the flow of bile; but it is also true that calomel is exceedingly useful in the treatment of biliousness. Then how is the matter explained?

First of all "biliousness" is not an affection or derangement of the liver; it is an intestinal trouble. Two things are indicated in the treatment of "biliousness," and they are: first, stimulate peristalsis and

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thus sweep out the offending mass; second, antisepsis is needed. Calomel serves in both indications.

Quite small doses of calomel stimulate peristalsis, large ones not being needed. Finely triturated calomel serves better than the crude drug. True, there are other purgatives that do quite as well in stimulating peristalsis; but calomel does more than that, as it is antiseptic.

When calomel *is* absorbed its general action is similar to the bichloride, and bichloride *does* increase the flow of bile. But we do not want much calomel absorbed, and for its antiseptic action full doses of the crude drug may be given, even up to sixty grains without harm if not repeated. The spinach-green color of the stools following the administration of calomel is not due to an increased flow of bile, but to the fact that an antiseptic in appreciable quantity in the bowel prevents the decomposition of bile pigment. This is a good therapeutic test for an "intestinal antiseptic." If it does not produce a green stool like calomel does, it is not apt to be an efficient intestinal antiseptic.

Triturated calomel is valuable when we want some stimulation of the liver, definite intestinal peristalsis and moderate antisepsis. In mild cases of "biliousness," the small-dose tablet triturate is just what is needed; in severe cases, one dose of five to ten grains of the crude drug followed by a few tablet triturates, and, possibly, a final saline or a dose of castor oil.

When a definite increase in the flow of bile is wished it is wise to give the triturates, since more of the triturated calomel is converted into bichloride than of the crude drug.

On the whole, the clinician is scientifically correct in his view that calomel is a valuable remedy in the treatment of so-called "biliousness."—*Medical Council.*

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Doctor—"Well, Pat, is it the old trouble?"

Pat—"No, doctor dear, me indigestion is all right, but it's the rheumatism doubling me up. I can't stand straight, and it's worse when I double over to handle the shovel. All I want, doctor, is a little lotion and to lie down on my back for a day or two."

Doctor (to the hospital steward)—"Give Donovan a dose of Infusia."

Pat—"For the love of the Saints, doctor, dear, don't make me take that broth of Hades! Never mind my rheumatism, sergeant, I'll go with the boys and do my best"—and off he walked, miraculously cured.

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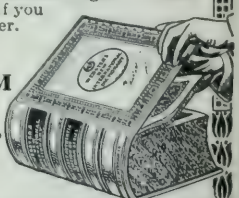

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"No, sir," replied Tom, "but I was afraid the old lawyer was going to ask me whether my lantern was lit."

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Reviews

The Surgical Clinics of Chicago. April, 1920. Vol. 4, No. 2, with eighty illustrations. Philadelphia and London: W. B. Saunders Company. Canadian agents: J. F. Hartz Company, Toronto.

Each of the subjects treated in this volume are of first-rate moment, and surgeons and general practitioners will appreciate greatly the volume.

Surgical Shock and the Shockless Operations Through Anoci-Association. By GEORGE W. CRILE, M.D., and WILLIAM E. LOWER, M.D. Second edition, edited by Amy F. Rowland, B.S. Philadelphia and London: W. B. Saunders Company.

Crile's name is so well known and his interesting and valuable work in connection with anoci-association, that practitioners will find herein complete information on the whole subject.

Occupational Affections of the Skin. Pathogenesis and treatment. By R. PROSSER WHITE, M.D., Ed., M.R.C.S., Lond. Demy 8vo. Price, 25 shillings net. London: H. K. Lewis & Co., Ltd.

The second edition shows a considerable enlargement over the first, and it is safe to say this is the best, if not the only, book on this particular subject. In industrial practice, the physician can scarcely practise intelligently unless he be possessed of the very wide and extensive knowledge contained herein.

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Sexual Impotence. By VICTOR G. VECKI, M.D., San Francisco, Cal. Sixth edition, revised. Philadelphia and London: W. B. Saunders Company.

This seems to be a rather good book on the subject of sexual impotence and may be read with profit by all.

Diseases of the Chest and the Principles of Physical Diagnosis. By GEORGE W. NORRIS, M.D., Assistant Professor of Medicine in the University of Pennsylvania, and HENRY R. M. LANDIS, M.D., Assistant Professor of Medicine in the University of Pennsylvania, with a chapter on Electrocardiograph in Heart Disease by EDWARD KRUMBHAAR, Ph.D., M.D., Assistant Professor of Research Medicine in the University of Pennsylvania. Second edition, thoroughly revised. Octavo volume of 844 pages with 433 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $8.00 net. Canadian agents: The J. F. Hartz Co., Toronto.

No practitioner can well afford to be without this book. Diseases of the chest occur so frequently in practice that too full knowledge of them can never be acquired. Perhaps this work comes nearer fulfilment of comprehensiveness than other works lately seen. It is safe to recommend it to medical students and general practitioners alike.

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News Items

The Women's Labor Party of Hamilton, Ontario, want women as health inspectors.

Dr. Forbes Godfrey, M.L.A., Mimico, Ontario, has returned from a trip to South America.

There are 1,715 returned soldiers receiving "T.B." treatment in various institutions in Canada.

Dr. J. Huerner Mullin, Hamilton, Ontario, has been elected President of the Ontario Medical Association.

Dr. M. B. Whyte, of the Department of Public Health, Toronto, has resigned and will enter private practice about September 1st.

Toronto medical men have raised their fees to $3.00 a call and $4.00 for night calls. An increase in obstetric cases has also taken place, viz., $25.00.

The Middlesex County Council has granted $100,000 to the Western University at London, Ontario. It is for the purpose of the new million-dollar institution to be erected there.

There has been formed in Saskatchewan the Western Association of Hospitals, with Dr. M. M. Seymour as President, and Dr. Warrne, of Calgary, as Secretary. There will be four vice-presidents for each of the four western provinces.

Dr. H. C. Cruickshank has been appointed Director of Laboratories of the Toronto Department of Health, in succession to Dr. A. Grant Fleming, who goes to Ottawa and will be attached to the Federal Department of Health as Director of Venereal Diseases.

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MISS SOPHIA L. J. ROBB - - Superintendent
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Practitioners of the Niagara district have formed a medical society, with Dr. J. R. Smith as president.

The Board of Tuberculosis Consultants appointed by the Department of Soldier Civil Re-Establishment for Canada are: Dr. Charles D. Parfitt, Gravenhurst; Dr. J. R. Byers, Quebec; Dr. W. M. Hart, Saskatchewan; Dr. A. F. Millar, Nova Scotia; Dr. N. A. Stewart, Manitoba.

Mr. Irving H. Cameron, Toronto, was recently married to the widow of the late Mr. John Ross Robertson, and is spending the honeymoon in England. It is understood that Professor Cameron will retain the chair of surgery in the University of Toronto for another year.

The Provincial Red Cross Society of British Columbia has offered a Chair of Public Health to the University of British Columbia, paying the salary of a professor for three years. If accepted, the activities of the Chair will be province-wide in scope and the course will extend over five years.

Queen's Medical College, Kingston, Ontario, is enlarging its permanent staff by the addition of six professors. Salaries are being increased. About one million dollars is now in sight for improvements to the General Hospital.

The Quebec Province Committee in charge of venereal diseases are: Dr. A. Simard, Quebec; Dr. S. Boucher, Montreal; Dr. J. A. Hutchinson, Montreal. Dr. A. H. Desloges has been named director of antivenereal service and Dr. Ranger assistant director. Dr. A. St. Pierre, Montreal, will be director of provincial hospitals.

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Tuberculosis continues to claim many lives in Saskatchewan at an increasing rate. In 1914 the death rate was 35.2 per 100,000; in 1915, 38.2; in 1916, 44.6; 1917, 47.4; 1918, 54.5, making the average for the five year period, 45. The average for measles was 6.2; whooping cough, 8.2; diphtheria, 8.2; typhoid, 8.8.

Dr. John Amyot, C.M.G., Ottawa, Deputy Minister of Health, recently visited Toronto, and is said to have made a personal inspection of the experimental work in cancer which has been conducted by Dr. Thomas Glover in St. Michael's Hospital. He is said to have expressed himself of the promising results of this new serum treatment.

The Canadian Public Health Association elected the following officers at their recent annual meeting in Vancouver: President, Dr. John Amyot, C.M.G., Deputy Minister of Public Health, Ottawa; Vice-Presidents, Hon. Dr. W. F. Roberts, St. John, N.B.; Dr. Gordon Bell, Winnipeg, Man.; Secretary, Dr. R. D. Defries, Toronto; Treasurer, Dr. Fred Adams, Winnipeg.

Dr. James S. Sprague, Belleville, Ontario, died on the 23rd of April, aged seventy-five years. Dr. Sprague formerly practised at Stirling, and occupied several important positions during his medical career. He was a frequent contributor to medical journalism and his writings were widely read. Personally the late Dr. Sprague was a kindly, courteous gentleman of the old school.

At present there are 11,000 mentally deficient civilians in the Province of Ontario. There are more than 8,000 nerve-wracked war veterans. For the

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accommodation of these there are twenty-three institutions in Ontario. A new institution (Federal) at Westminster, near London, is being erected rapidly, and when finished is expected to accommodate 8,000. It is being constructed along the lines of the famous soldiers' home at Dayton, Ohio.

Major-General J. T. Fotheringham, C.M.G., upon retiring from the duties of Director-General of Medical Services, desires to take leave of all officers, nursing-sisters and other ranks of the medical services, both those who are still serving and those who have been demobilized but who have at any time served under him. He is deeply sensible of the constant loyalty and high efficiency of the Service as a whole, both overseas and in Canada, and of his indebtedness as Officer Administering the Service in Canada to the personnel as a whole. The memories of the Great War, with its priceless opportunities for serving King and Empire and native land, will remain an inalienable asset to us all, and particularly the good-will shown by the Service and by the Profession generally to those who have been carrying the heavy burdens of responsibility for policy and administration, both at this headquarters and in the Districts.

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VOCATIONAL REPRESENTATION

Under Group Government will the Professions Fare Better Than Under Effete Parties?

The good old Ship of State is having a stormy passage these days. It keeps drifting on the high seas of political doubt, unable to make its moorings. The old harbor of party politics does not appear to be a safe place of refuge. In fact, that harbor is in such a dilapidated condition, so full of filth and garbage, that not even a fleet of superdreadnought dredges, working at top-hole speed, will be able to scoop it out in a generation or even a century. The captains and mates and pilots are old and experienced hands, the universal fever of grab upon them as strong as ever, and the universal disinclination to grub equally outstanding. There seems to be no prescience in statesmen nowadays.

There is much talk of democratic government—government for the people, of the people, and by the people. The people are getting further and further away from

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party politics and as a result are arranging themselves into various groups, not parties. That is evident to all, excepting the hide-bound partizan. There is a desire for a purer form of government, and toward that end groups will combine and endeavor to carry on with the technical tools of party government. If group government for the people is to prevail, can it be carried on with the technical tools of party government? That is the question. Under group government are there to be, just the same, Prime Ministers and Premiers, Cabinets and Ministers, Speakers, Leaders of Opposition—the same rules and parliamentary procedure for group government as for party government? It cannot be.

Whether it be true or not, there is an ever-growing belief that, no matter how truly democratic our governments may be, there is a force behind all governments—a *vis a tergo*—which arranges, moulds, compels legislation; formulates policies and dictates procedure often at direct variance to the will of the people. That force is known as "The Big Interests." The newspapers tell of them. The man on the street whispers of them. Is it not time for a show-down; for some one to either declare or publish the names, street numbers, and post-office addresses of these gentlemen who constitute " The Big Interests "? If the sneaking impression which is permeating the mass of the people in this direction be false, then surely it is time for the public press to pitch the phraseology into the discard. It is disturbing in the extreme for the people to be confronted with the thought that they are not the real masters of their governments, of the situation. How tantalizing the thought that the vote cast by the individual is of no more value than waste paper! Is the ballot box a mere fly on the coach-wheel—see-what-a-dust-we-make appanage of a boasted democracy?

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Under the three forms of government in Canada—municipal, provincial, and national—municipal is by far the most stable. The reason lies in the fact that party politics enter scarcely at all into municipal government; and it is too small potatoes for "The Big Interests," generally. For group government this seems to be the ideal form; and if provincial and national elections were conducted on similar lines to municipal elections, and municipal administration applied to provincial and national legislatures and parliament, party politics would disappear altogether, and legislatures and parliament would concern themselves with enacting good laws and not with exploiting party policies.

How often has a premier or prime minister come into power, in whose election to that high office, the people have not had first say in the matter! If it would not be feasible to elect premiers and prime ministers by the general vote of the people, similarly to reeves and mayors, then surely the representatives of the people duly elected to the legislatures or to parliament—the House of Commons—could be left to make the election at their first session, and such one elected should be the First Legislator, or Premier—the presiding officer—now the Speaker—and the First Commoner, or Prime Minister—the presiding officer—now the Speaker of the House of Commons.

Many times has the Ontario Legislature been referred to as only a big county council. Why not make it so in reality?

Cabinet ministers, too, could very well be elected by the representatives of the people in the legislature or in parliament; and the Premier, or Prime Minister, in the legislature, or in parliament, would be the presiding officer of this executive council.

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Admitting that group government is a tangible possibility and probability for the future—and have not the manufacturers threatened, if the farmer and labor groups continue they, too, will form a "party" or group—why not get down to first principles by basing representation on vocation and age rather than on age alone? Let the electorate be divided into four groups! The Agricultural group; keep the manufacturers and labor elements of the community in another group—the Industrial group; have the commercial and business interests in another group—the Business group; and the professional classes—lawyers, clergymen, doctors, nurses, professors, school teachers, etc., in a fourth group—the Professional group. Every elector in the land could be classified into one or the other of these four groups. For instance, take a policeman. What group could he be classified in? By elimination he could not be placed in the Agricultural group—nor the Industrial group—nor the Professional group. He is concerned with carrying on the business of the city. Take an artist. What is his class? Not an Agriculturist, not an Industrial, not a Professional. He paints pictures to sell—a business. And so on.

In representation by population, the school children should, although not to be accorded votes, be placed in the Professional group for enumerating purposes. That would bring the Professional group to an even status numerically with the Agricultural, the Industrial, and the Commercial groups.

Can the good old Ship of State be brought safe to harbor in vocational representation? Could the professions fare less by organization into a professional group?

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Adrenalin affects body tissues in a manner strikingly similar to the effect produced by stimulating the sympathetic nerve system. Thus, if the sympathetic nerves govern the contraction of certain unstriped muscle tissue, adrenalin, too, will contract it. If, on the other hand, the tissue in question is supplied with inhibitory impulses by this nerve system, adrenalin relaxes it.

These actions, however, are exerted neither through the medium of the sympathetic nerves nor directly upon the muscle fibres themselves. The receptive organs for these adrenalin impulses are the points of union of the sympathetic nerves and the unstriped muscle fibres—the myoneural junctions.

Probably the most important action of adrenalin is stimulation of the muscular coats of the arterioles. At first there is acceleration of the pulse rate, but the rise in blood pressure which results from vaso-constriction soon excites the vagus centre and as a consequence the heart-beat is slowed and strengthened. Besides this indirect vagus action, adrenalin stimulates the heart directly, thus producing more complete evacuation of the chambers. In large doses, however, adrenalin predisposes the heart to fibrillary contractions.

The stimulating action of adrenalin is exerted also on the dilator muscle of the iris (dilates the pupil); the muscular fibres of the uterus and vagina; the retractor muscle of the penis; the pyloric and ileocecal valves; the glycogenolytic function of the liver; the salivary glands and the glands of the mouth and the stomach.

Adrenalin relaxes the muscular walls of the esophagus, stomach and intestines. Also on the muscular coat of the bronchioles adrenalin has a relaxing effect, due probably to vagus stimulation.

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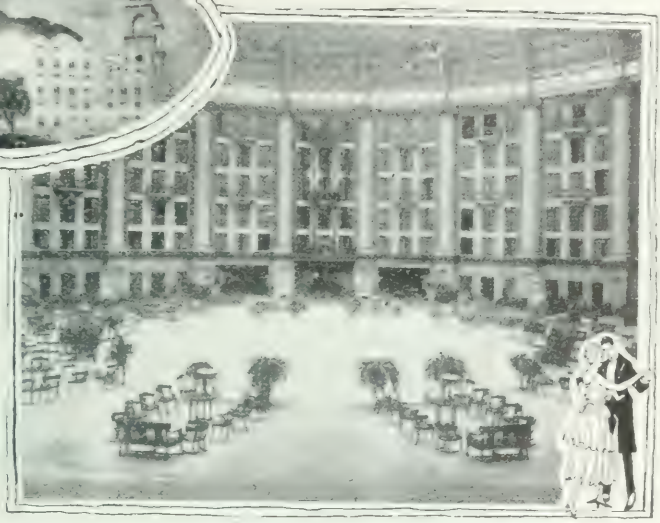

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Dominion Medical Monthly
And Ontario Medical Journal

Vol. LV. TORONTO, SEPTEMBER, 1920 No. 3

Original Articles

OPIUM IN ACUTE DILATION OF THE HEART

By James T. R. Davison, M.D.

(*The Lancet.*)

In the following case of aortic regurgitation compensation had been established for several years, but was temporarily lost owing to an extraordinary physical effort. The patient's condition was made worse by taking a glass of milk when in an acutely exhausted state. As a consequence the myocardium gave way and extreme dilatation supervened.

Margaret G., 20 years of age, had rheumatic fever five years ago. When at school her companions had noticed that, on running, an episternal pulsation appeared on her neck. She had never suffered from fatigue but occasionally from palpitation.

On Jan. 24th of this year, being at the seaside, she rapidly ascended 140 steps in a lighthouse. She became very tired, and on the way to the hotel drank a glass of milk. On arriving at the hotel she was seized with an attack of palpitation, accompanied by a feeling of extreme prostration. Next day the temperature rose to 102 F.; the pulse became so quick that it could not be counted. The temperature descended somewhat later on, but the prostration and rapidity of the pulse

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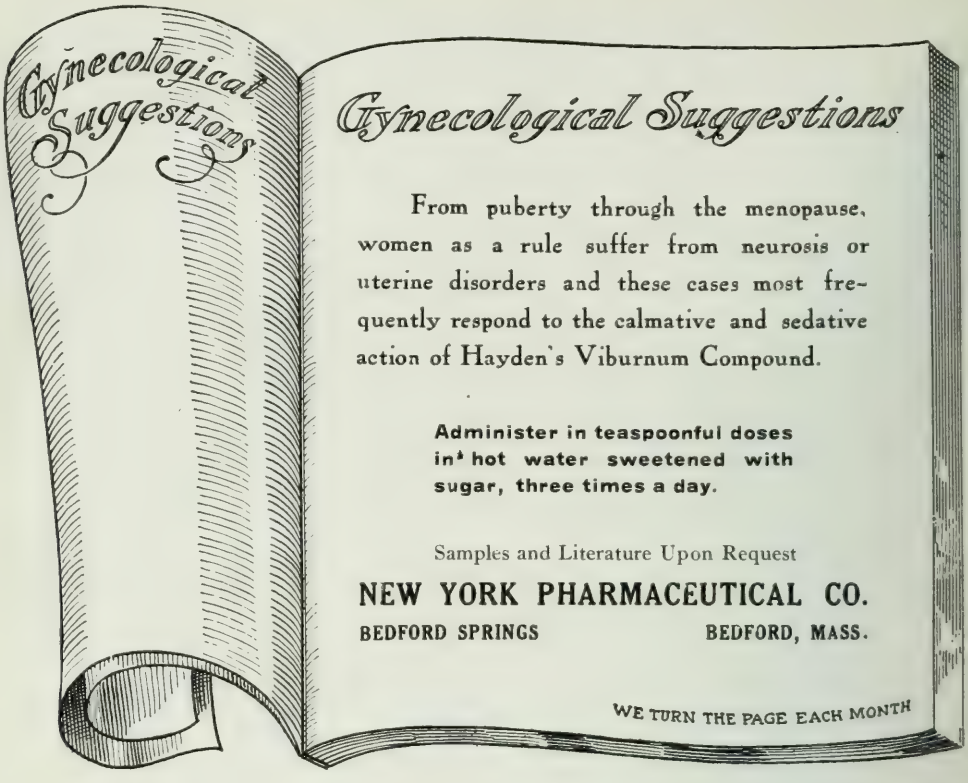
remained as before. Hypodermic injections of camphorated oil, digitalin, and oxygen inhalations were administered. As she continued in the same state for three days she was brought by train to Buenos Aires. I saw her at midday on the 28th, and found her in a state of extreme prostration. She had air hunger; the pulse was regular, over 200 per minute; enormous dullness over the heart; cardiac impulse extended outside the mammillary line; coughed slightly, and had had a little hemoptysis in the morning. I gave her a hypodermic injection of camphorated oil. At midnight no change; another injection of oil, and 15 drops of digalen by the mouth. Next morning I found her in the same condition; the day before she had taken a small glass of milk, which had caused a great deal of pain and discomfort; she had not slept for several days. Her state was now very alarming, and as her heart might become exhausted at any moment and cease to contract, I determined to administer a hypodermic injection of one-fifth of a grain of ommopon (a remedy which contains all the essentials of opium); at the same time I gave her another injection of camphorated oil and 15 drops of digalen by the mouth. As food she was only allowed sugared water and weak broth. I saw her again in the afternoon and found that she had slept three hours and the pulse had come down from 224 to 210. I gave more digalen and another injection of oil. At midnight I found her completely changed. The pulse had dropped from 210 to 110; she had slept several hours and felt quite happy and contented. Another injection of camphorated oil was administered. On my visit the next morning the report was that she had slept all night. On examining her heart I heard a



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diastolic murmur in all the areas, with maximum intensity over the upper part of the sternum; a systolic murmur all over the sternum. A later examination of the urine revealed the presence of albumin and of hyaline casts.

Remarks.

In this case the strain on the heart involved in the great effort of ascending rapidly a heavy flight of steps had weakened the myocardium. As a consequence the sympathetic had come to the rescue, and by accelerating the cardiac contractions had essayed to neutralize the depressing effects of the weakened muscle. But, as sometimes happens in the working of the mechanisms designed to direct and protect the organ, the parts are not always well adjusted, and the effects, far from saving the organ, may actually lead to its death. Since opium is supposed to hinder somewhat the synapsis between neurons, I administered omnopon in the hope of separating the corresponding neurons, and thus impede too rapid passage of nerve force along the fibrils.

I tried to give the heart absolute rest so that the myocardium might recuperate its vigor, and so I recommended the patient to remain in bed for a long time. As she felt so well she would not take my advice and got up and went about as usual. I essayed at first to reduce the rapidity of the contractions by means of digitalin, but I soon gave up the treatment, having obtained no practical results; besides that I am loth to interfere directly with the myocardium unless there is rupture of compensation. I preferred to strengthen the heart indirectly by administering arsenic and hypophosphites. I must add that after time the cardiac dullness was much reduced. I saw this patient three

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months afterwards and she reported that she felt as well as she ever had done before her sudden illness and that her pulse ranged between 80 and 90.

Buenos Aires.

RUPTURE OF THE UTERUS—TREATMENT BY GAUZE PACKING—RECOVERY*

By J. Ford Anderson, M.D.

(*The Medical Press.*)

A 4-para, of 33, was delivered elsewhere of a fetus of about four months, which presented by the feet; delivery was said to have been easy, although the accoucheur subsequently discovered a tear of the cervix extending outwards on the left side. He removed the placenta "with the fingers" and found intestinal coils within the uterus. Dr. Ford Anderson first saw the patient fourteen hours after delivery, when she was in a state of extreme collapse, blood was oozing from her, the uterus was relapsed, and the cervix was contracted. Examination under an anesthetic showed a coil of (probably) large intestine in the uterus, the fundus of which was transversely torn for three or four inches. The tear of the cervix on the left side was quite independent from this. Operation was judged to be inadvisible, and under anesthesia, in Sims' position, with raised pelvis, the prolapsed bowel was replaced and contraction of the lax uterus being stimulated by pressure of the left hand on the fundus, the uterus was packed with sterilized gauze. Thirty hours afterwards the first packing was removed and replaced by a similar one; thirty hours later the gauze was finally removed. The patient, who was kept recumbent, also received

* Abstract of Paper read in the Section of Obstetrics and Gynecology, Royal Society of Medicine, June 3rd.

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pituitrin, morphine, saline solution per rectum, and douches of 1 to 320 lysol, as well as oxygen inhalations. From the first there were swelling and tenderness in the left iliac region, and during the first few days the temperature varied from 103° to 104°; the lochia were fetid. By the eighteenth day the cervical and uterine tears had healed and discharge had almost ceased; pyrexia and evidences of left pelvic cellulitis were still present when, on the twenty-fifth day, the patient insisted on leaving hospital. Dr. Anderson learned that a pelvic abscess afterwards had to be opened, but that two months later she was completely well.

Convalescence would have been much speedier but for the consequences of the cervical tear. Probably the majority of medical men would hold that in such a case as this operation offers the best prospect of cure. In the present case operation was not considered possible on account of the extremely bad condition of the patient, and the procedure adopted was carried out with but little hope of success. As a result of the present case, and after reading Dr. Herbert Spencer's account in the *Obstetrical Transactions for* 1900 (Vol. XLII.) of four such cases successfully treated by packing with iodoform gauze, the author is inclined to modify his views. It would be interesting to know if Dr. Spencer still adheres to the opinion then expressed.

TREATMENT OF THE POSTMATURE CHILD

Charles A. Reed (*Surgery, Gynecology and Obstetrics*, June, 1920) states that when diagnosis of maturity or postmaturity has been made it is too late to influence the size of the child by Prochownick's diet except in those rare cases of habitual postmaturity described by Moisnard. Here perhaps the conditions could be an-

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ticipated. The principle of management must be based on the results of regular and painstaking examinations of the child with a merely subsidiary interest in the subjective history. If the child is mature and the pelvis not seriously contracted, several days or a week may be permitted to elapse, and then if Nature fails in her duty, a day should be set and the labor induced. The induction may be brought about easily, safely, and expeditiously by castor oil and quinine, or by the Voorhees bag, or by both. Castor oil and quinine are effective in possibly two cases out of five but the Voorhees bag is always highly dependable.

If the attendant has not been watchful or if through the weight of tradition he has allowed the child to become postmature, a careful revision of the pelvic diameters must be undertaken. This examination may show that the transit of the child through the maternal passages would be highly questionable and possibly accompanied by more than ordinary danger. In such a case theCaesarean operation will suggest itself as the most conservative way of terminating the pregnancy. On the other hand, if the delivery by the pelvic route seems feasible, even though difficult, labor may be induced by the bag with a reservation that if the natural powers are insufficient, delivery may be completed by version and extraction or forceps, depending on the conditions and preceded if necessary by pubiotomy. To foresee difficulties that impend and to anticipate them by proper and judicious means is called by rhetoricians a prolapsus. To foresee the obstacles and dangers which attend and follow the birth of a large or postmature child and to avert them by intelligence and skill is good obstetrics. Unhappily or otherwise we all have an ingrained reluctance to intervene in the course of what

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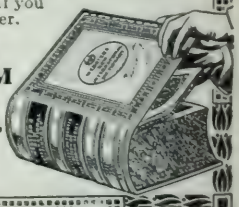

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1. The whole body, with the exception of the head, is thoroughly anointed with soft soap for fifteen minutes, special attention being devoted to the regions of predilection, such as the wrist, the axillary folds, the groin and genitals, the buttocks, the popliteal space, between the fingers and in the bend of the elbow.

2. This is followed by a warm bath at 30 C. for half an hour, during which soft soap is liberally employed with a brush.

3. The body is thoroughly dried and anointed with the modified Hardy's ointment (precipitated sulphur, 25; potassium carbonate, 10; petrolatum, 125); the patient is wrapped in a sheet and is covered with a robe.

4. After two hours the ointment is rapidly removed with soap in a warm bath; the body is dried and is anointed with zinc oxid ointment.

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tient's linen, and if desired the outer clothing also, is disinfected with hot air.

For children the duration of the treatment varies with the age. The inunctions with soft soap should be continued for from five to ten minutes, the baths for *from ten to twenty minutes.—J. A. M. A.*

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Robt. Hessler (*J. A. M. A.*, May 22). Formula is: liquor formaldehydi, 5 c.c.; saturated aqueous solution of phenol, 10 c.c.; distilled water to make 100 c.c. (To this may be added a drop of methylene blue solution, as blue is a color that leads people to pause about using internally. To disguise the phenol odor, to which some object, a drop of some essential oil may be added.)

In dispensing I supply a 4-dram vial with a swab in the cork and with the directions: Apply freely the first time; after that use sparingly every few hours, as needed.

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S. W. Irving says to abort an attack, use 10 grains of zinc sulphate to 1 ounce of water. For later treatment, use half strength. All irritation or even eruption can be prevented if it is used immediately after exposure. If used within twenty-four hours after exposure or ten hours after the appearance of the vesicles, it will abort the attack. If the case is not seen until the deeper layers of the epidermis are involved, the cure is slower but just as sure.

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After shaving the affected area and washing thoroughly with soap and water and finally ether, Hughes (*B. M. J.*) paints the part with tincture of iodin. When thoroughly dry the painted area is sprayed with ethyl chlorid. The active agent is the small amount of ethyl iodid formed. The treatment is repeated twice a week. The average duration of treatment does not exceed a month for scalp cases, while in body cases it is even shorter.—*J. A. M. A.*

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THE RESPONSIBLE PARTY

Little Willie hung around school after hours one day in an unaccountable manner. So the teacher said to him:

"Go on home, Willie. Willie, why don't you go home?"

"I don't want to go home," said Willie, sullenly.

"You don't? Why not?"

"Because there's another new baby at our house."

"Another new baby! And is that anything to sulk about? For shame, Willie! You ought to be glad that—"

"Well, I ain't glad," roared Willie. "Pop'll blame me. I know it. He blames me for everything."—*Detroit Free Press.*

FROM THE DOCTOR'S PRACTICE

A colored woman entered my office and said: "Doctah, Ah got an itchin'."

"Where is the itching, Mandy?" I asked her.

"Doctah, it's about two inches up in the pajama."

T. H. F., Oklahoma.

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Reviews

Medical Clinics of North America. Vol. 4, No. 1 (New York Number, July, 1920). By New York Interists. Octavo of 370 pages with 44 illustrations. Philadelphia and London: 1920. Issued serially, one volume every other month. Paper, $12.00; cloth, $16.00 net. Consisting of six numbers per clinic year. W. B. Saunders Company, Philadelphia and London.

An especially good number.

International Clinics. Vol. 2. Thirtieth Series, 1920. Philadelphia, London, and Montreal (201 Unity Building), J. B. Lippincott Company.

There are five clinical articles in this number, six on medicine, one on industrial medicine, two on surgery, two on pediatrics, one on obstetrics, one on neurology. There is one colored plate and numerous, well-executed plates. Altogether the volume is one of practical importance.

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News Items

Dr. George Badgerow, C.M.G., London, England, is paying a visit to Toronto.

A drinking fountain, erected at Kew Gardens in memory of the late Dr. William D. Young, was recently formally dedicated by Sir John Eaton.

Sir William Smith, head of the Royal Institute of Public Health of England, is on a visit to Canada and will pay visits to several cities of the Dominion.

The Military Hospital at Kitchener, Ontario, is closing up and hereafter the building will be used to accommodate tubercular patients for the County of Waterloo.

In a short time the Ontario Provincial Laboratories will be in a position to sell arsphenamine to the other provinces of the Dominion at a reduction of 25 to 30 per cent. on wholesale prices at present charged.

A luncheon was recently tendered Miss Violet Trench, from London, England, in the King Edward Hotel, Toronto, by the Toronto branch of the National Council for Combating Venereal Diseases. Dr. Frederick Marlow presided, and speeches were made by Miss Trench, Dr. Hastings and Dr. Gordon, along this line of work. Miss Trench dealt with what had been done in England, while Dr. Bates spoke of the work in Western Canada.

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Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

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Surgery: Walter McKeown, Herbert A. Bruce, Wallace A. Scott, George Ewart Wilson.

Obstetrics: Arthur C. Hendrick.

Pathology and Public Health. John A. Amyot, Chas. J. C. O. Hastings, Geo. Nasmyth.

Dermatology: George Elliott.

Psychiatry: Ernest Jones, W. C. Herrman.

Ophthalmology: D. N. Maclennan, W. H. Lowry.

Rhinology, Laryngology and Otology: Geoffrey Boyd, Gilbert Royce.

Gynecology: F. W. Marlow, W. B. Hendry.

Genito-Urinary Surgery: T. B. Richardson, W. Warner Jones.

Anesthetics: Samuel Johnston.

GEORGE ELLIOTT, MANAGING EDITOR.

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Vol. LV. TORONTO, SEPTEMBER, 1920 No. 3

COMMENT FROM MONTH TO MONTH

Two and one quarter grams of radium have been purchased by the State of New York for $225,000 and will be placed in the custody of the New York State Society for the Control of Cancer at Buffalo, of which Dr. Harvey Gaylord is the director. Preference in treatment will be given to residents of the State of New York, but any citizen of the United States may avail himself or herself gratuitously of treatment after October 15th, 1920.

This radium is an American product, mined in the State of Colorado; was produced from 125 tons of carnotite ore and brought to Orange, N.J., where by fractional distillation it was reduced to its present state.

Cancer, to-day, is exciting more interest than for years, not only in Toronto for special reasons, but also in the United States by reason of this important purchase, and the fact that it claims 90,000 lives a year in that country, as well as in many foreign countries.

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Although the therapeutics of radium is said as yet to be in its infancy, there are certain kinds of cancer in which its use offers absolute cure. This is especially seen, and has been time and again reported by workers in this field of therapeutics, in those lesions denominated precancerous. Taken early for precancerous lesions it is without doubt the best therapeutic measure before the medical profession. The trouble is that general practitioners temporize too frequently with well-recognized lesions which subsequently develop into cancerous ulcerations and neoplastic growths.

The profession and the public are eagerly awaiting an announcement by Dr. Glover from St. Michael's Hospital. There is no desire to hurry work said to be in an experimental stage, but the fact that the newspaper press made a "scoop" in the initial announcements does not appear to be very satisfactory to the medical profession. Cancer is a world-wide disease, and unfortunates who have contracted the disease have again realized that hope springs eternal in the human breast. The report of cures is anxiously awaited. We agree with our contemporary, *The Canada Lancet*, that no time should be lost in giving to the profession, in a scientific way, a report of the results thus far achieved. We wish Dr. Glover unqualified success in his work.

August 13, 1920.

Editor, Dominion Medical Monthly and Ontario Medical Journal, Toronto, Ont.

Dear Sir,—The press of the United States is busily exploiting Dr. Serge Voronoff, of Paris, who claims to be the originator of the idea of sex gland transplantation—from the living to the living and from the dead to the living. According to the press, he now is

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in America for the purpose of teaching the profession of this country his method. He admits that he has not yet done the work on human beings, but volunteers to show us how it should be done. According to a recent communication in the secular press, he now "believes" that "human glands are preferable to ape glands" and suggests that recently dead human victims of accident or legal execution are suitable sources of gland supply. I would take no cognizance of Voronoff's self-exploitation, if his professional connections in Paris were not claimed to be eminently reputable and scientific. It seems hardly possible that a man in the position accredited to him should enter upon important research work without looking up the literature and ascertaining "who is who." How Voronoff possibly could be ignorant of my work of the past six and one-half years is puzzling. My first case (auto-implantation, i.e., the operation was performed by myself on myself) was performed January 16th, 1914, reported to the Chicago Medical Society, March, 1914, and published in the Bulletin of the Chicago Medical Society, March 7th, 1914. I reported a large series of cases with microscopic studies and physiologic and therapeutic observations in the New York Medical Journal, March 21st, April 4th, July 11th, October 17th, 24th, 31st, and November 7th, 1914. My complete treatise on Sex Gland Implantation appeared early in 1917. A number of cases have since been reported in the columns of the *Journal A. M. A.* Dr. L. L. Stanley, of San Quentin, recently reported a series of cases performed by my method. My work comprised not only testicle implantations, but ovarian (all material being taken from the dead body and refrigerated at varying periods). In May, 1914, Le Gaulois and Le Matin (Paris) and the

PAIN

though primarily a symptom, will, if allowed to continue, soon depress or disturb every function of the body.

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Courier de Lyon (Lyons) made extensive mention of my work. How could Voronoff have overlooked this? One of the Parisian journals mentioned said: "It is from America, the land of audacious surgical experimentation, that we should expect these daring operations of Dr. Lydston's." In 1917 an article in French on my work by Dr. Aldolfo Luria, of Chicago, was submitted and accepted for publication by the *Paris Medical*, but for reasons best known to our French editorial confrere, has not been published. I might remark that my own series of implantations numbers seventy-five, to say nothing of the other American cases. So far as I am concerned, the theft of my work is of little consequence, but that America should not have due credit for original work is exasperating—and insufferable. Should you see fit to editorially comment upon the matter, I should be pleased if a marked copy were sent to *Paris Medical*. I have at hand Dr. Voronoff's book, "*Pivre,*" dated 1920. No work similar to mine is therein recorded.

Very fraternally,

G. Frank Lydston,
per M. T., Secy.

ELECTION TO THE COUNCIL OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

170 University Avenue,
Toronto, August 23rd, 1920.

To the Members of the College:

Gentlemen,—I beg to advise you, in accordance with the Ontario Medical Act, and amendments thereto, and the By-laws of the College—

That the Quadrennial Election, to select Representatives for the Council of the College, will be held this

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year, date of said election being Tuesday, October 19th, 1920.

That the time for receiving nominations of representatives will close at the hour of two o'clock p.m., on Saturday, October 2nd, 1920;

And that the nomination papers of the candidates must be in the hands of the returning officer for each division at that time.

By order,

H. Wilberforce Aikins,
Registrar-Treasurer, Coll. Phys. & Surgs., Ont.

Publisher's Department

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Volume 55 TORONTO, OCTOBER, 1920 Number 4

Adrenalin in Medicine

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THE fact that Adrenalin promptly relieves the paroxysm of bronchial asthma has been demonstrated in thousands of cases. Explanation of its mode of action, however, must be couched in the language of probability and speculation, because the pathogenesis of the disease is the subject of an ever-increasing number of theories and much controversy.

Among the more reasonable and credible of these theories are: 1, Anaphylactic manifestations in the bronchial mucosa from bacterial protein sensitization; 2, The same condition produced by sensitization to food proteins (allergy), pollens of plants and animal emanations; 3, Reflex vagus irritation of the bronchial mucosa from peripheral afferent impulses originating along the course of distribution of this nerve.

It is not unlikely that every case of bronchial asthma can be explained by one of these theories, and that, indeed, in some of the cases more than one of these factors are underlying. Regardless of the theory or theories applicable to any given case, the immediate mechanical cause of the distressing paroxysm is a sudden spasmodic stenosis of the bronchioles.

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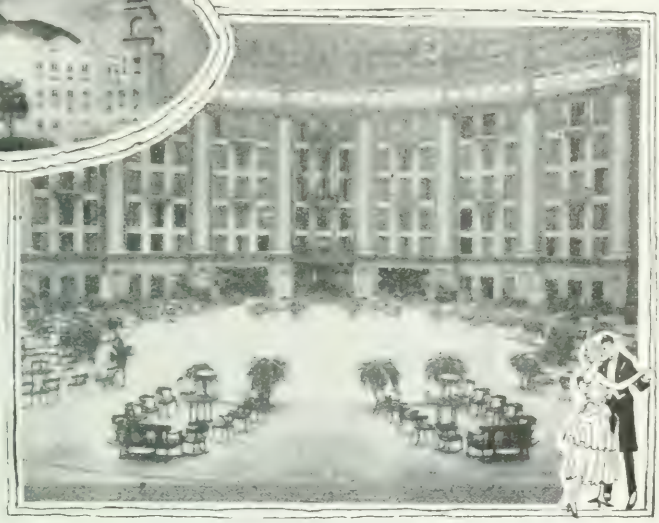

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Dominion Medical Monthly
And Ontario Medical Journal

Vol. LV. TORONTO, OCTOBER, 1920 No. 4

Original Articles

MEDICAL TREATMENT OF ILEUS

(*Medical Record.*)

Quoting Escomel in the *El Siglo Medico*, Peru, where he reports five cases ending successfully without operation, the writer states operation was out of the question because of organic heart disease. Beginning at 8 a.m., one patient, a lady with irreducible hernia of the umbilicus, was given a spoonful of liquid vaseline every half hour, and at 2 p.m. the obstruction disappeared spontaneously, the hernia having reduced itself and all the symptoms subsided. The second case was an elderly woman with right inguinal hernia with strangulation developing suddenly at night. Liquid vaseline was given every quarter of an hour with best results. The third was also in an elderly woman with a reducible inguinal hernia and symptoms of incarceration and ileus. The fourth was an old man with a condition diagnosed as intra-abdominal invagination. The fifth was in a middle-aged woman with symptoms duplicating those of the fourth case. Before proceeding to operate Escomel advises the use of vaseline as above indicated and waiting about five hours. Although strong coffee is sometimes used as

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an emergency measure in these cases the author makes no mention of it. In other cases not reported pituitrin injections were made.

THE TREATMENT OF EMPYEMA

(*Surgery, Gynecology and Obstetrics.*)

Evarts A. Graham says of the cardinal principles: (1) The avoidance of an open pneumothorax during the acute pneumonic stage of the disease; (2) early sterilization and obliteration of the cavity, and (3) the maintenance of the nutrition of the patient.

TREATMENT OF CHRONIC NEPHRITIS

(*Southern Medical Journal.*)

H. A. Christian, Boston, says that the management of chronic nephritis hinges on physiologic rest for the overworked kidney. He selects a diet poor in protein and poor in sodium chloride. A diet should be largely carbohydrates and fats. The fluid intake should be about 1,500 c.c. in the twenty-four hours. The degree of the nephritic process indicates the reduction in protein, salt and fluid. There should be free catharsis, but there is not much use for diuretics. This will also suffice for the hypertension. Sometimes edema is annoying, and there should be then reduction in fluid intake and restriction of protein and salt. Christian has not had much satisfaction with the high pro-

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tein diet advised by Epseein; and the alkaline treatment of Fischer has proved unsatisfactory with him also. In marked edema mechanical removal gives relief for a time. Where the heart is normal, but edema from renal insufficiency, diuresis from digitalis and diuretic drugs has not been seen by Christian, but continued catharsis sometimes helps.

INTERNAL MEDICATION IN GONORRHEA

(*Boston Medical and Surgical Journal.*)

Arthur H. Crosbie, speaking of gonorrhea in the male, after trying out many things, states he has come down to two simple remedies which have stood by many practitioners for years. He uses sandalwood oil capsules three times a day after meals, and before meals a teaspoonful of a mixture of tincture of hyoscyamus, potassium citrate and water. A large amount of water is more important than any other drug. Enough water should be taken so that the urine almost entirely loses its color.

THE UNIVERSITIES IN MEDICAL RESEARCH AND PRACTICE

President Clifford Allbutt of the British Medical Association instances that for some years past a few members of the medical profession have been protesting the clipping of family practice by official shears, as they see the subjects of infectious fevers, the tuberculous and the syphilitic carried into isolation. Where was it all to end? How was the family doctor to rise

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to the standards of modern science and skill when no means of investigating disease or making intimate diagnoses were provided for him? If the practice of medicine was to be fruitful, then the practitioner must consult personally with the scientist. In the United States medical men were banding together in districts; five or six of them combined to rent a house with consulting rooms, and they were members of an alliance. Thus domiciliary visits were becoming fewer and patients were learning that remuneration was no longer counted by the multiplication of visits. In these little academies he warned against all kinds of officialism, but what bearing it will have upon general academies of the profession is yet to be seen.

PERSISTENT HICCOUGH

(Editorial, Med. Record, July 24th.)

In an annotation in *The Lancet* is noticed that Dr. David Macht, some years ago working in Johns Hopkins, discovered the remarkable powers of the benzyl esters, particularly the benzoate, in allaying spasm in unstriped muscle. He and a number of others have found benzyl benzoate of value in the treatment of hiccough, not only in the mild forms so frequent in infants, but as well in those forms which may be referred to as pernicious where it lasts for days, and which is unaffected by internal or external applications. He finds that the most convenient method of administration is a twenty per cent. solution in alcohol. Of this solution the patient takes twenty to forty drops in water or milk.

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ETHER INJECTIONS IN WHOOPING COUGH

(*Editorial, Medical Press.*)

In France, ether injections in the treatment of whooping cough appears to be the treatment of choice, that is, in certain quarters. Weil and Dupur, who introduced it in 1914, claim remarkable cures, while others have recorded complete failures, but the failures may be due to faulty diagnosis. The whooping accompanies each fit in the whooping cough and is prolonged and typical, while with adenoid congestion it only accompanies a few fits of coughing, is short and hoarse in character and "leaves a doubt in the mind." Up to the age of eight years a dose of 1 c.c. is sufficient; in other children 2 c.c. are injected. The injections are made every second day; and broncho-pneumonic complications are not a contra-indication to the injections.

SURGICAL TREATMENT OF GASTRIC ULCER

Sir Berkley Moynihan before the British Medical Association. In the report of this paper and discussion in the New York *Medical Journal*, Moynihan stated the necessity of surgical treatment to be the failure of medical treatment, and the medical treatment was doomed to failure because of the way it was commonly employed. These are the operations to be performed: Gastroenterostomy, excision, gastroenterostomy combined with excision by knife or cautery (Balfour's operation); gastroenterostomy combined with jejunostomy; resection of part of the body of the

A Blood Pressure Thought

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poultice under a moderately firm binder or jacket. Its action is, first through the superficial vessels, and then more slowly but just as efficiently on the deeper congested parts."

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stomach (sleeve operation); partial gastrectomy. Moynihan has abandoned gastroenterostomy alone in the treatment of chronic gastric ulcer. Excision with gastroenterostomy had been found to be superior to gastroenterostomy alone; and he quoted Balfour of Rochester, Minn., who had replaced the method of excision of the ulcer by that of its complete destruction by the actual cautery. Its merit was simplicity.

TO REMOVE ADHESIVE PLASTER

A. J. Abbe tells of a new and simple way to remove adhesive plaster (*J. A. M. A.*) Take a little gasoline in a common medicine dropper, scratch up with one's finger nail a tip of a corner of the plaster, let a drop of gasoline flow under the edge, and instantly an inch of plaster will loosen. Another drop will remove the next inch, and so on.

GASTRO-ENTEROSTOMY STILL THE TREATMENT FOR CHRONIC GASTRIC AND DOUDENAL ULCER

R. C. Coffee (*Ann. Surg.*, 1920, Vol. 71, p. 303).

The author discusses the following points in his paper: 1. Immediate danger from the operation. 2. Subsequent dangers associated with the results of the operation. 3. Amount of final relief of morbidity. 4. Life expectancy after operation.

The paper is based on 233 patients with gastro-duodenal ulcer operated on by him from April, 1904, to October, 1919. There were ten deaths, a mortality of 4.33 per cent. Two patients died from hemorrhage,

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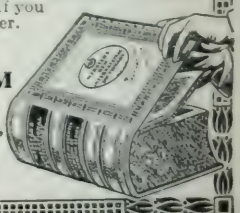

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one of shock, one of pneumonia, one of empyema, one of dilatation of the stomach, two of anuria, probably uremia, and two of angulation of the intestine, probably obstruction.

Secondary or recurring, either at the point of excision or a new place, ulcers occurred in nine cases (3.8 per cent.) of the entire series. Two of these followed simple gastro-enterostomy. In eight sleeve resections there was a recurrence of the ulcer in two. In eleven cases of excision of the ulcer by knife or Balfour cautery, without gastro-enterostomy, a recurrence occurred in three. In twenty-two von Eiselsberg exclusion operations secondary ulcers developed in two while in 165 simple gastro-enterostomies ulcers have been known to develop only in two.

Severe hemorrhage at a remote period following operation occurred in three cases, only one in 165 simple gastro-enterostomies, and two in twenty-two von Eiselsberg operations. Of the 233 patients operated on for ulcer of the stomach or duodenum, four have been known to have developed cancer; one of these was in the group of 165 cases of simple gastro-enterostomy.

The simple gastro-enterostomies in this series shows a mortality of four in 165 cases (2.42 per cent.) all other operations combined, sixty-seven cases, shows an immediate mortality of 9 per cent. All the evidence indicates that simple gastro-enterostomy gives better results from the standpoint of recovery than any radical operations.

The author recommends a gastro-enterostomy and awaiting results; with a radical excision later if trouble develops.—V. C. HUNT, in *Minnesota Medicine.*

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When a fellow runs across one he proclaims the find with zest.
But that's really not a marker to what's making father glad,
For he found a quart of likker that he didn't know he had.

JUST A TOUCH OF SUPERSTITION

Mrs. Wiggs: "Is Billy ill, Mrs. Skinner?"

Mrs. Skinner: "Well, 'e ain't ill exactly, but no stummick can stand thirteen buns! It's an unlucky number."—*Edinburgh Scotsman.*

THE COLLEGE YELL

A humorous turn was given to the proceedings of the British Association at Cardiff by a discussion on the origin of college yells, with special reference to Cardiff College yell. In the anthropological section a number of students assembled and made a loud, vociferous demonstration of the yell. Then various learned professors gave different descriptions of how it was like a development of the cries of the North American Hurons, of South African tribes, and of the Matabeles. Professor Karl Pearson thought the sound was like that heard amongst the baboons, or that it originated in the matrimonial calls of the primitive anthropoids, whilst another professor believed it resembled the

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ascending of a rocket, or the opening of a bottle of champagne. Eventually it was explained that all the speakers were wrong, and that its antiquity dated from no longer than 1910, when it obtained the first prize as the Cardiff College yell. The episode was accompanied throughout by roars of laughter.—*London Daily Chronicle.*

THE MINISTER RETIRED

A small choir were practising the well-known anthem, "As the hart pants after the water brooks."

The rendering of the first few lines was not quite to the satisfaction of the minister who was directing the rehearsal.

He, therefore, decided to speak to the soprano and caused much embarrassment among his little flock by the following announcement:

"My dear, your expression is simply splendid, but the time is very poor—really, your pants are far too long."—*London Ideas.*

A MATTER FOR REASONING

Some visitors who were being shown over a pauper lunatic asylum inquired of their guide what method was employed to discover when the inmates were sufficiently recovered to leave.

"Well," replied he, "it's this way. We have a big trough of water, and we turns on the tap. We leave it running, and tell 'em to bail out the water with pails until they've emptied that trough."

"How does that prove it?" asked one of the visitors.

"Well," said the guide, "them as ain't idiots turns off the tap."—*Dallas News.*

Dysentery--Enteritis--Diarrhoea

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A London publisher is compiling a series of booklets on various phases of "The Joyous Life." The joys of friendship, of books and of gardens are included in the series, but undoubtedly the topic to which most men will respond is "The Joys of Tobacco." Some find enjoyment in friendly intercourse, others feel happiest when reading a book, and others again claim that gardening is the purest of human pleasures—the pipe goes with them all. Smoking tobacco crowns the joy of living.

News Items

Eight hundred persons have died from tuberculosis in Montreal since the 1st of January, 1920.

Since the 1st of January, 1920, Montreal has had 10,341 cases of contagious diseases reported, with 1,631 deaths.

Dr. F. G. Wallbridge has recently taken up residence in Belleville, Ont., and has been appointed medical officer to the Belleville Light Infantry.

The French-speaking doctors of North America have held their sixth Congress in the city of Quebec. The Congress has not met for ten years.

General George Stirling Ryerson has been living at Niagara-on-the-Lake, and will sail for the South of Europe in October, where he will be six months.

Dr. Alexander Primrose, C.B., and Dr. J. J. R. Macleod have been elected dean and vice-dean respectively of the Medical Department of the University of Toronto.

Queen's Medical Faculty has added the following to its staff: Dr. L. J. Austin, London, England, to be Professor of Clinical Surgery; Dr. James Miller, Edinburgh University, Professor of Pathology.

Dr. Bryce McMurrich, Toronto, after serving overseas a number of years, has been in China, whence he returned to Toronto a few months ago. He has recently been appointed superintendent of the Speedwell Hospital, Guelph, Ont.

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Dr. W. J. Stevens, formerly of the staff of the Montreal General Hospital, and of the Royal Victoria Hospital, has left the New York Lying-in Hospital, and has been appointed one of the resident physicians to Bellevue Hospital, New York City.

Dr. Helen Boyle, who has been in Serbia with the unit organized by Dr. Berry, senior surgeon in the London, England, Free Hospital, is to give a series of lectures in connection with her work in that country, where all the doctors have either been killed in war or died of typhus fever.

Dr. O. R. Avison, about twenty-five years ago a practitioner in Toronto, is back in that city on a visit from Korea. He is one of the most prominent medical missionaries in the Orient, and is in Toronto for the purpose of engaging twenty doctors and twenty nurses for medical teaching and hospital work in Korea.

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DRAGÉES GÉLINEAU are an **antinervine agent of the most rational type,** being an association of **Bromide of Potassium, Arsenic and Picrotoxine.** The Bromide diminishes the reflex sensibility of the nervous system and the congestive predisposition of the cerebrum in **EPILEPSY.** The Picrotoxine has its action on the convulsive and spasmodic tendencies of neurotics, and finally, the arsenic is the repairer of the nerve cells.

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Dr. C. W. Bibbs, Fort Dearborn Hospital, Chicago, Ill., who was in Toronto recently, expressed fears for another epidemic of influenza this fall. He estimates there are between four and five hundred cases in Chicago in the middle of September.

Brigadier-General A. E. Ross, M.P.P., Kingston, Ont., has temporarily accepted the appointment of superintendent of the General Hospital in that city, succeeding Dr. Matthewson, who has resigned to take up academic work at Queen's University.

A "Well" Clinic has been established in London, Ont. This was announced recently by Dr. H. W. Hill, of the London Institute of Public Health. It is said to be the first of its kind on the North American continent. A moderate fee is to be charged for examinations.

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COMMENT FROM MONTH TO MONTH

At The Periphery, sapient remarks come therefrom monthly. Readers will understand that in this department of *The Medical Press* the Editor lets himself loose. The topics are various and variable. Recently he has been discussing the cause of baldness; perhaps there is some hair still left at the periphery. That is the way, we understand, another writer became interested in baldness—he became alarmed at his own vanishing hair.

Now if the miller is said to wear a white hat to keep his head warm, then a hot-headed man should not wear a fur cap in winter time. There are those who believe that the hard hat has something to do in promoting baldness, but that dictum cannot be subscribed to universally—you see we have not all the data. It is an interesting problem to solve, but it must be solved scientifically. Is there a loss of sulphur in the economy? In fact a German scientist has been taking cystin himself to grow hair on the top of his head.

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The hair folicle has a remarkable structure. Why is it so? Whilst our editorial contemporary is profoundly studying this problem, let him study the composition of felt, and tell us what part the acid nitrate of mercury of the felting process, plays in this phenomenon. Is there a fine deposit from this mercury which destroys the hair and ultimately produces baldness. Mercury has done that before now. There are several poisonous infections resulting in rapid loss of hair, in fevers, etc., and there is a concomitant loss of sulphur in the urine. In this direction let one's light shine instead of the top of the head.

The Ontario Medical Association is a scientific body. The Ontario Medical Council is a politico-medical body. Is it wise for the former to take part in the affairs of the other? Many years ago this journal expressed itself on these two medical organizations. It was done in this way. The College of Physicians and Surgeons, having 3,500 to 4,000 members, might well take the place of the Ontario Medical Association to meet in scientific assembly at the same time and place as the Medical Council, which could act as the business body of the profession in Ontario. There is a danger in having too many associations and societies. What is wanted is organization up to the governing body of the profession in this province. Let the Medical Council and the College of Physicians of Ontario constitute the representative body of the entire profession in Ontario. One body representing the whole profession would clarify the medical atmosphere and make it understandable to legislators and the general public. We are not simplifying things

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by too many complications, such as territorial representatives on the Medical Council and territorial representatives on the Ontario Medical Association. This is written in no biased animus to the Ontario Medical Association, but for the good of the profession of medicine in the province as a whole.

Publisher's Department

A very valuable and interesting work has just been published by The Macmillan Co., New York. It is entitled "*The Treatment of Syphilis*," and is from the pen of H. Sheridan Baketel, A.M., M.D. The volume covers very thoroughly and convincingly the field of intravenous and intramuscular medication, and the administration of arsphenamine or neoarsphenamine. It gives in minutiae, step by step, the proper methods for the actual introduction of arsenical products into the system.

Speaking of the after treatment in cases where intramuscular injections have been given, the author says:

"In England and on the Continent it is the habit, after giving an intramuscular injection, to cover the surrounding parts with sterilized absorbent cotton fixed with elastic collodion. The patients were instructed to rest in bed for twenty-four hours and, according to various reports, the majority of them complained only of stiffness in the hip and thigh and occasionally of pain in the lower extremity.

"Some physicians also utilize a clay dressing, like antiphlogistine, in place of cotton. It is their custom to cover the entire gluteal surface with a thick layer

PAIN

though primarily a symptom, will, if allowed to continue, soon depress or disturb every function of the body.

The prompt relief of pain, therefore, is always imperative, and to accomplish this

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of properly heated antiphlogistine and to cover this with gauze, and over that absorbent cotton. This application seems to work well following the intramuscular injection and not only aids in the prevention of pain and to a considerable extent prevents any abscess formation, but enables the patient to attend to his ordinary affairs."

Dr. Baketel is Professor of Preventive Medicine and Hygiene and Lecturer on Genito-Urinary Diseases and Syphilis in the Long Island College Hospital, Brooklyn, N.Y.; Attending Syphilologist and Chief of Clinics at Volunteer Hospital, New York; Genito-Urinary Surgeon to the House of Relief of the New York Hospital; Lt.-Col. Medical Reserve Corps U. S. Army, etc.

TREATMENT OF THE PAROXYSM OF ASTHMA

The attention of our readers is invited to the brief article on "Adrenalin in Medicine," which will be found in the advertising section of the current number of this journal. While, obviously, this space is purchased for advertising purposes by Messrs. Parke, Davis & Company, it has been put to a novel use by the publication therein of a scientific essay of unusual merit in which a vexatious problem is discussed.

Whatever intelligence the future has in store on the pathology of asthma, the present state of our knowledge justifies the use of any dependable therapeutic measure for the relief of the acute paroxysm. Morphine is objectionable for reasons that are generally accepted. Per contra, Adrenalin does not narcotize the patient. It affords him almost instant relief, with no disagreeable sequela to mar the effect. To quote from the announcement under consideration, "Adrena-

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To study industrial hygiene in Canada, the Dominion Government has appointed Professor J. J. R. Macleod, professor of physiology in the University of Toronto, to be the chairman of the Special Committee on Industrial Fatigue. With him are associated Dr. A. B. Macallum, Ottawa, professors of the various universities in physiology, and one representative each of the Department of Labor, of industry, and of women's organizations in Canada. The Committee is under the Honorary Advisory Council for Scientific and Industrial Research.

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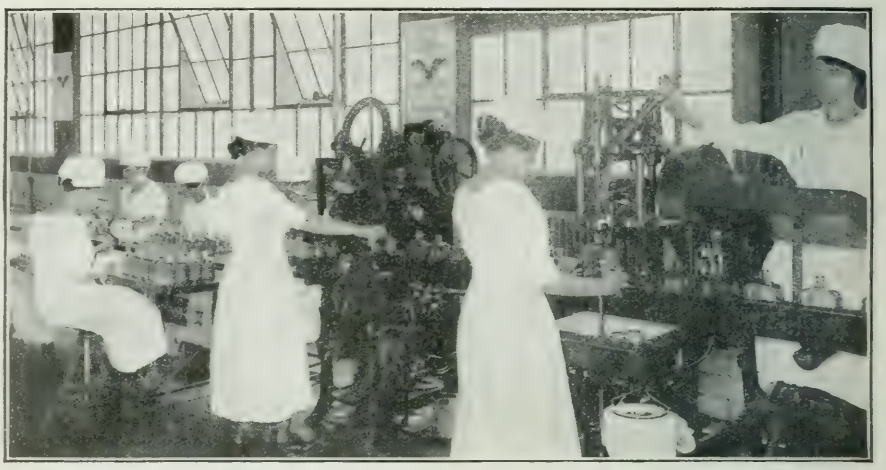

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Adrenalin in Medicine

3—Treatment of Shock and Collapse

THE therapeutic importance of Adrenalin in shock and collapse is suggested by their most obvious and constant phenomenon—a loss in blood pressure.

The cause and essential nature of shock and collapse have not been satisfactorily explained by any of the theories that have been advanced, but all observers are agreed that the most striking characteristic of these conditions is that the peripheral arteries and capillaries are depleted of blood and that the veins, especially those of the splanchnic region, are congested. All the other symptoms—the cardiac, respiratory and nervous manifestations—are secondary to this rude impairment of the circulation.

The term collapse usually designates a profound degree of shock induced by functional inhibition or depression of the vasomotor center resulting from some cause other than physical injury, such as cardiac or respiratory failure.

Treatment aims to raise the blood pressure by increasing peripheral resistance. As a rapidly acting medical agent for the certain accomplishment of this object Adrenalin is without a peer. In cases of ordinary shock it is best administered by intravenous infusion of high dilutions in saline solution. Five drops of the 1:1000 Adrenalin Chloride Solution to an ounce of normal salt solution dilutes the Adrenalin to approximately 1:100,000, which is the proper strength to employ intravenously. A slow, steady and continuous stream should be maintained by feeding the solution from a buret to which is attached a stop-cock for the regulation of the rate of flow.

In those cases marked by extremely profound and dangerous shock or collapse the intravenous method may prove too slow or ineffective. Recourse should then be had to the procedure described by Crile and called centripetal arterial transfusion. Briefly it consists in the insertion into an artery of a cannula directed *toward* the heart. Into the rubber tubing which is attached to the cannula 15 to 30 minims of Adrenalin 1:1000 is injected as soon as the saline infusion begins.

The effect of this is to bring the Adrenalin immediately into contact with the larger arteries and the heart. Sometimes, even in apparent death, the heart will resume its contractions, thereby distributing the Adrenalin through the arterial system and accomplishing the object of this heroic measure—resuscitation and elevation of the blood pressure.

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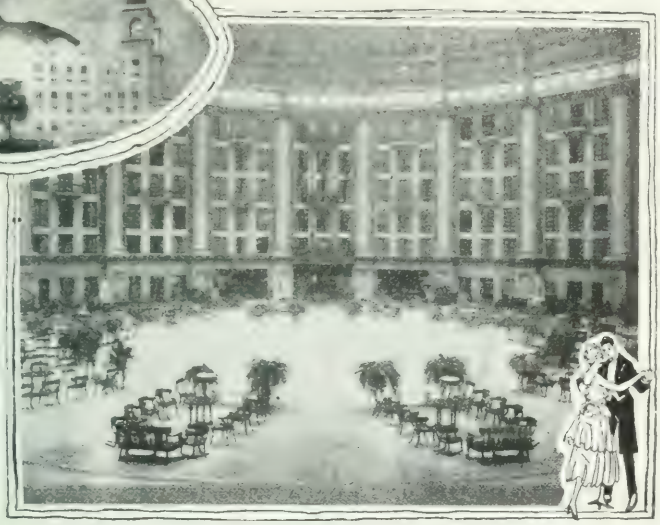

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Foreword

Life to many is one recurring disappointment after another. It may be equalled or compensated for by the unexpected which often happens, thus bringing happiness and pleasure and satisfaction, surmounting disappointments heaped upon disappointments. Most men do not appear to have very much control over their destinies. The best method to pursue is to continue faithfully at work, loving one's work for work's sake, and letting the other man write the proverbs. That is the way mostly in the medical profession, be the work never so little, and the rewards never so cumbersome. A contented, courteous disposition—the point of view, or the philosophy of one's life, whatever it is called—makes for more genuine happiness than all the wealth of Croesus. Whatever one's cares are at home, the moment the doctor steps upon the sidewalk or road, he should leave all care behind. To cope with life and death is the greatest struggle in existence. Never mind the rewards! Keep working and coping! It is only by surmounting difficulties that contentment and happiness ensue through solving the most intricate problems of life.

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Dominion Medical Monthly
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Vol. LV. TORONTO, NOVEMBER, 1920 No. 5

Original Articles

THE TREATMENT OF SYPHILIS

Walter J. Higman (*Medical Record*) says syphilis should not be treated continuously but rather in interrupted courses, as the parasite becomes accustomed to the drug and is no longer destroyed by it. The best plan is to combine arsphenamine and mercury in courses, giving from six to twelve injections of the former, and from ten to fifteen of the latter. Iodides may be added in late syphilis. It has recently been found that it is safer to use arsphenamine every four days; for ordinary purposes it is sufficient to make the interval from five to seven days. Thus, the patient would get one arsphenamine injection every fifth or seventh day and one mercury injection at similar intervals, the total series covering a period of from eight to fifteen weeks. Two or three series should be administered annually.

In the primary stage, before the Wassermann test has become positive, the patient should receive two courses of treatment in the first year and only mercury in the second and third years, provided the Wassermann reaction never develops. In primary syphilis with a positive reaction the patient should receive two courses of combined treatment in each of the first two years and only mercury in the third year, pro-

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vided the Wassermann test has become and remains negative. The same is true in secondary syphilis. In older syphilis the patient should receive at least three years of combined treatment including iodides, but the use of arsphenamine should not be stopped in late syphilis until the Wassermann test has become negative, no matter how long it takes. Higman emphasizes these points: In treating syphilis of the heart, blood vessels, and kidneys, it is inadvisable to start very intensively. It is well to start such patients off with a course of iodides and mercury over a period of two or three months. Then arsphenamine administration may be begun.

THE USE OF INTRAVENOUS INJECTION OF CALCIUM CHLORIDE IN THE TREATMENT OF PULMONARY TUBERCULOSIS

(*Medical Record.*)

Drs. Paul H. Ringer and Charles L. Minor, of Asheville, stated that their own limited experience and that of others had convinced them that in calcium chloride they had a remedy that would frequently palliate and relieve; and that when they could diagnose their cases early, it might even prove curative. While the results that they presented were not brilliant, and while they were based on but a small number of cases, their significance was such as to encourage the authors to further use of the drug. They felt that they had prolonged the lives of some of their patients, and had made others far more comfortable by the use of this method of treatment. Consequently, they believed that a fair trial should be given it by those who saw

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enough of such cases to enable them to draw conclusions as to its value. At the same time, they hoped that the reason for its good effect might be worked out in the pharmaceutical laboratories.

PAINFUL MENSTRUATION

(*Medical Council.*)

Here again, in *spasmodic* cases, not in organic obstructions, both papaverine and benzyl benzoate are worth trying in purely functional cases, more especially spasmodic dysmenorrhea. If one is reasonably sure of his diagnosis, the drug may be used with some degree of confidence; but if there is no relief after four or five doses, benzyl benzoate is not adapted to that case at all.

CONSERVATION OF THE MENSTRUAL FUNCTION

Dr. William J. Mayo of Rochester, Minn., said the surgeon usually approached his work with the physical condition of his patient in view. He achieved tangible success, but sometimes without the gratitude of his patient. Physical success was sometimes obtained at the expense of nervous or psychic disturbances, whereas the same physical results might be obtained in some other way. The instability of the central nervous system was frequently the cause of unnecessary operations, the uterus, the ovaries, and the tubes being the chief sufferers. In malignant disease of the female genital organs radical operation was necessary; in cases of benign neoplasms and inflammatory disease,

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however, the future condition of the patient, psychic as well as physical, must be remembered. With the growth of knowledge the practice of removing the ovaries had largely given place to conservative operations, with the result that instead of the removal of the ovaries there had been developed a lot of tampering, often resulting in removal later. Patients sometimes returned with what they thought were adhesions. Adhesions located by the patient and not by the surgeon were of little significance. The lesson to be drawn from the study of the ovarian secretion in relation to the general endocrine system, and from the various experiments with ovarian transplantation, was that removal of the ovary was seldom indicated for inflammatory conditions, and that enough ovarian tissue should be left to maintain menstrual function. Removal of the ovary was seldom necessary for dermoid cyst. Independent of its role in reproduction, the ovarian secretion had a marked effect upon the nervous system. Nervous and psychic influences were exaggerated by operations which stop the menstrual flow. Conservation of the ovary for the effects of its endocrine function was second only to the preservation of its reproductive function. The sacrifice of the reproductive and menstrual functions was not confined to the ovary, but applied to operations on the uterus, especially for myoma. Many a uterus had been sacrificed when myomectomy would have sufficed. After the age of forty-five, hysterectomy was probably the best procedure. It had been argued that myomectomy was more dangerous, but in a series of more than seven hundred cases this had not been found to be the case. In 743 cases secondary hysterectomy had been necessary in only ten. In this series thirty-three women

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had had one child, eleven had had two or more children, and fifteen had normal pregnancies at the time of the investigation. Twenty-three women who were sterile at the time of the operation had borne children afterward. Radium in selected cases had no competitive standing with myomectomy. It might be more destructive than operation. One must sharply distinguish between conservation and non-operation. It had frequently been observed that women had borne children despite myomatous growths, and many such cases were being treated with radium. This was not wise. Menstruation might disappear never to return after even an ordinary amount of radium. Total hysterectomy was more satisfactory than subtotal. In closing, the essayist reiterated that conservation of the menstrual function was of the utmost importance even if pregnancy was not possible. The surgeon who removed all these tissues was assuming a great responsibility, for the nervous disturbance which resulted might be such that the patient could never readjust herself.—*Medical Record.*

ASTHMA

(*Medical Council.*)

It is *not* claimed that either papaverine or benzyl benzoate possesses any value in the treatment of cardiac asthma; it is only in true spasmodic bronchial asthma that claims are made for these drugs. In our own experience papaverine is better than benzyl benzoate, since the hydrochloride of the former drug can be used hypodermatically, dissolved in warm water,

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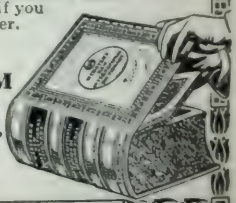

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Rather unfortunately, most of the cases of spasmodic bronchial asthma have been treated with morphine before we ever see them, or we have unwisely resorted to morphine ourselves. In these cases, where morphine has been the dependence, benzyl benzoate has failed in our hands and also in the practices of observing colleagues, and it has given us little aid in the treatment of hay asthma.

THE PROPHYLACTIC FORCEPS OPERATION

(*New York Medical Journal.*)

Dr. Joseph B. De Lee, of Chicago, stated that the prophylactic forceps operation was the routine delivery of the child in head presentation when the head had come to rest on the pelvic floor, and the early removal of the placenta. Primiparous labors and those where the conditions of the soft parts approximated a first labor, were treated by this method, which really comprised more than the actual delivery of the child. It was a rounded technic for the conduct of the whole labor, with the defined purpose of relieving pain, supplementing and anticipating the efforts of Nature, reducing the hemorrhage, preventing and repairing damage.

Sir J. Y. Simpson said that labor, according to Nature's plans, should be normal, but that in a large proportion of cases it was not so. So frequent were these bad effects, that he had often wondered if Nature did not deliberately intend women should be used up in

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the process of reproduction, in a manner analogous to that of the salmon, which died after spawning. The radical interference with the mechanism of the third stage was intended to reduce the amount of blood lost, shorten the anesthetic period and reduce the danger of infection from retained blood clots, membranes and insufficient uterine contraction. He freely admitted that this method of treating labor was a revolutionary departure from time honored customs and must have really sound scientific basis for recommendation. This it had. First, it saved the woman the debilitating effects of the suffering in the first stage and the physical labor of a prolonged second stage, and in the modern nervous, inefficient product of civilization, this was becoming more frequently necessary. The saving of blood had much to do with the quick and smooth recoveries he had observed in his cases. In the combination with morphine and scopolamine in the first stage, gas or ether in the second stage and operative delivery, one had robbed labor of most of its horrors and terrors, and the increase of the population ought to be thus favored. Second, it undoubtedly preserved the integrity of the pelvic floor and introitus vulvæ and forestalled uterine prolapse, rupture of the vesicovaginal septum and the long train of sequelæ. Virginal conditions were often restored. Third, it saved the babies' brains from injury and from the immediate and remote effects of prolonged compression. Incision in the soft parts not alone allowed shortening of the second stage, but it also relieved the pressure on the brain and would reduce the amount of idiocy, epilepsy, etc. The easy and speedy delivery also prevented asphyxia, both its immediate effects and its remote influence on the early life of the infant.

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For Idle Moments

STUCK IT UNDER THE WINDOW-SILL, PERHAPS

The tramp knocked feebly on the back door and leaned heavily on the door-post. Aunt Melinda went to answer the door herself. "If I give you charity, how do I know you will not spend it for more liquor—surely you do not want to go to heaven with whiskey on your breath?"

Jack Hobo straightened himself with dignity and replied: "Madam, when I enter heaven, I purpose leaving my breath on the outside."

FATHER'S ADVICE

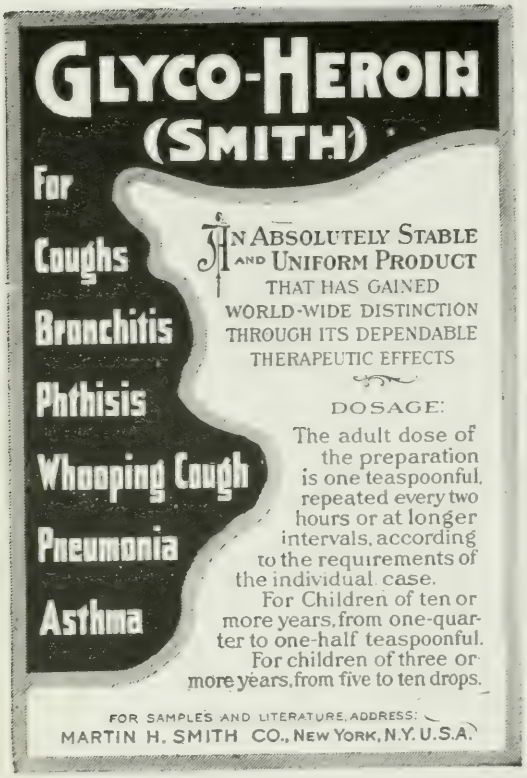
"Well," cried Mrs. Henpeck, "our son is engaged to be married. We will write to the dear lad and congratulate him."

Mr. Henpeck agreed (he dare not do otherwise), and his wife picked up her pen.

"My darling boy," read the son, "what glorious news! Your father and I rejoice in your happiness. It has long been our greatest wish that you should marry some good woman. A good woman is heaven's most precious gift to man. She brings out all the best in him and helps him to suppress all that is evil."

Then there was a postcript in a different handwriting:

"Your mother has gone for a stamp. Keep single, you young noodle."—*Tit-Bits.*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Objects: Defends its members against cases of alleged malpractice. Annual fee three dollars, half rates from July first.

Qualifications for membership: All members of the Canadian Medical Association, in good standing, may be enrolled upon the payment of the annual fee. All other regularly qualified practitioners may join by having their application approved by any two members of the Canadian Medical Protective Association.

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Reviews

Theory and Practice of Nursing. By M. A. GULLEN. Price 10s. 6d. London: H. K. Lewis & Co.

For fitting young ladies for the nursing profession these summaries are of much value.

The Theory and Practice of Massage. By BEATRICE M. GOODALL-COPESTONE. Third edition, with 69 illustrations. Price 12s. 6d. London: H. K. Lewis & Co., Ltd.

In the advanced standing massage has attained in the present day this book is looked upon as one of the best.

Anesthetics. Their Uses and Administration. Sixth Edition. By DUDLEY W. BURTON, M.D. Thirty-seven illustrations, including 8 plates. Price 21s. net. London: H. K. Lewis & Co., Ltd.

Students and practitioners will find this an admirable volume on the uses and administration of anesthetics.

Surgical Shock and the Shockless Operation Through Anoci Association. By GEORGE W. CRILE and WM. E. LORVER. Second Edition. Philadelphia and London: W. B. Saunders Company. Toronto: The J. H. Hartz Co.

This edition has been thoroughly revised and rewritten. Thus accumulated experience has added to the value of the book.

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News Items

McGill University, Montreal, has started a drive for $5,000,000.

Quebec Government has voted Laval University, Quebec, the sum of $1,000,000.

The Provincial Board of Health of Ontario is to establish a laboratory at Owen Sound.

Dr. Charles W. Service has returned to China, where he is in charge of the hospital at Chengtu.

Mr. Dugald Christie, for the past thirty-eight years a medical missionary in China, is visiting in Toronto.

Major-General George Stirling Ryerson, Toronto, will spend the winter in Southern Europe, returning to Toronto in May, 1921.

EPILEPSY

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DRAGÉES GÉLINEAU are an **antinervine agent of the most rational type,** being an association of **Bromide of Potassium, Arsenic and Picrotoxine.** The Bromide diminishes the reflex sensibility of the nervous system and the congestive predisposition of the cerebrum in **EPILEPSY.** The Picrotoxine has its action on the convulsive and spasmodic tendencies of neurotics, and finally, the arsenic is the repairer of the nerve cells.

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ON THE BEACH AND THE BOARDWALK

Dr. W. C. Arnold has been appointed Director of Medical Services for the Department of Soldiers' Civil Re-establishment at Ottawa.

Alberta physicians have raised their fees from $2.00 to $3.00. Night calls are to be $5.00, and obstetric cases are to be $35.00.

Dr. Norman M. Keith, of the medical faculty of the University of Toronto, has left to join the Mayo Foundation at a salary of $8,000.

Dr. Wilfrid T. Grenfell, and his assistant, Dr. Paden, recently gave a lantern demonstration before the Academy of Medicine, Toronto.

More than five thousand five hundred students are registered at the University of Toronto, of whom more than one thousand are in medicine.

Dr. A. Grant Fleming, late of the Health Department of the Federal Government, has been appointed assistant to Dr. Hastings, M.O.H., Toronto.

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Dominion Medical Monthly

And Ontario Medical Journal

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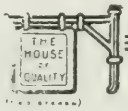
Vol. LV. TORONTO, NOVEMBER, 1920 No. 5

COMMENT FROM MONTH TO MONTH

Wherefore the Rush into Medicine? Largely increased classes are reported in almost every university in Canada, especially in the medical departments. The cities are said to be overcrowded with doctors; and the outlying districts are crying for medical practitioners. It would seem, therefore, that it is not so much overcrowding of the medical profession, but disinclination to service in districts where the environment is not so cheerful, but the work laborious and toilsome. The age beckons the young mind to pleasure and a fair, or rather full, measure of life's enjoyment. That can best be got where men and women congregate. So some think. The country's requirements must be satisfied with medical men; but near to nature's heart may yet prove a far better source of true enjoyment. Evolution will work the cure. State medicine will force the issue.

Pretty shortly medical students will be required to possess senior matriculation ere permitted to enter



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upon the study of medicine. Education and aptness in learning may, of course, make the best students, but it has not always been that the best students have made the best practitioners. Character is a first-class asset, but even that has not always carried the day, so far as success in practice went. Possibly the man who has been in possession of some inherent knowledge of human nature, with the minimum of knowledge of medicine, has often been more successful in actual practice than many a man suspending numerous gold medals about his neck.

The times in medicine, however, tend more and more toward scientific training, and making that the real foundation. Clinical skill in diagnosis and treatment are fading in the background. In the new medical man of the future a knowledge of human nature will count for nothing. The machine-made man will have no bedside manner. He will never smell of the midnight oil. All will be laboratory, laboratory, laboratory! We shall see.

That six hospitals in the Province of Quebec, five being in Montreal, have been marked "approved" by a special committee of the American College of Surgeons; two in Toronto, and no others in the province, does not say too much for the hospitals of Ontario. Of course, so far as Toronto is concerned, there is a lamentable lack of hospital accommodation in this city. What is to be done about it is a perplexing question; and the charges for patients are awfully high. The growth of the city in recent years has far outstripped its hospital accommodation. There is even not enough hospital room for infectious disease cases. The west end of the city requires a hospital, the east and the north as well. Numerous private hospitals

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though primarily a symptom, will, if allowed to continue, soon depress or disturb every function of the body.

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have sprung up in late years, but still the demand increases. There are only three sources to which to turn—the city, the province, and private individuals. The problems of the city are multiplying, and much money must be found. Not too much can be expected from the province for obvious reasons—other places have equal demands upon their generosity. The results of war are said to have greatly multiplied those individuals who can count their fortunes by the millions of dollars. Who will loosen up first in the cause of charity? What better monument could be erected to the memory of a monied, though perhaps not a great, man than an institution of this kind perpetuating his name and open-heartedness!

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In this book is found a permanent physical culture course for men, women and children, and, as is described, tends to health-giving, vitalizing, prophylactic, beautifying. It purports to be a new system of the characteristic essentials of Gymnastic and Indian Yogis concentration exercises combined with scientific massage movements. There are 86 illustrations and deep breathing exercises. The author is also the publisher, Albrecht Jensen, 220 West 42nd St., New York.

Mary had a little calf,
It made her feel quite hurt,
And that is why she never wore
The latest style of skirt.

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In our advertising section, under the title "Adrenalin in Medicine," will be found a brief review of the plan of treating shock with highly diluted solutions of Adrenalin Chloride, by intravenous infusion and by "centripetal arterial transfusion," after the method of Crile.

This little essay is the third of a series of concise and informative papers published in this rather unconventional form by Parke, Davis & Co. We have no hesitation in commending these meritorious articles to the consideration of our readers.

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After the subsidence of the acute symptoms of any serious febrile disease, an examination of the blood will almost always reveal a degree of anemia in direct proportion to the severity and duration of the primary

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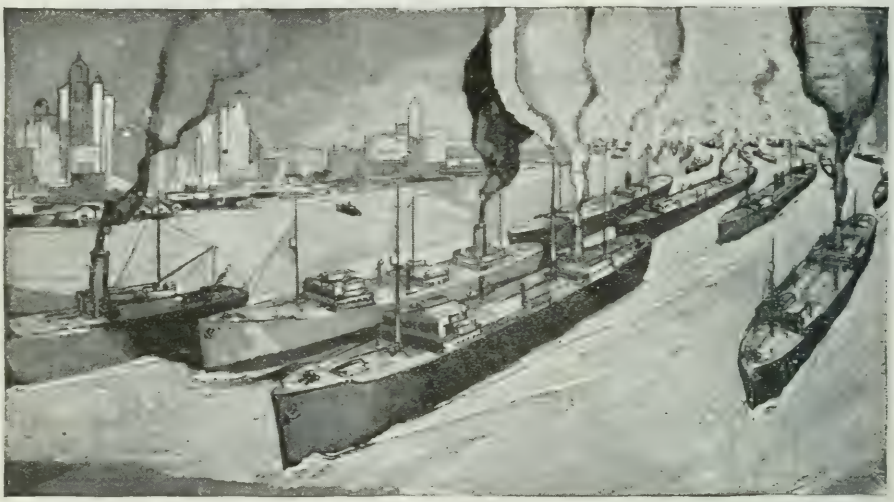
disease. It is thus always desirable in such cases to adopt measures to revive, restore and reconstruct, and with this object in view one should begin at the foundation, i.e., the blood itself. To construct new red cells, and reconstruct those which have become dehemoglobinized by disease, nothing is more potent in effect than Pepto-Mangan (Gude). This standard preparation of organic iron and manganese supplies the vital fluid with the elements needed to reconstruct and restore its oxygen carrying capacity, by contributing the necessary hemoglobin. Pepto-Mangan is palatable, absorbable, and promptly assimilable. It encourages the appetite, without disturbing digestion or causing constipation.



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Volume 55 TORONTO, DECEMBER, 1920 Number 6

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Adrenalin in Medicine

3—Treatment of Shock and Collapse

THE therapeutic importance of Adrenalin in shock and collapse is suggested by their most obvious and constant phenomenon—a loss in blood pressure.

The cause and essential nature of shock and collapse have not been satisfactorily explained by any of the theories that have been advanced, but all observers are agreed that the most striking characteristic of these conditions is that the peripheral arteries and capillaries are depleted of blood and that the veins, especially those of the splanchnic region, are congested. All the other symptoms—the cardiac, respiratory and nervous manifestations—are secondary to this rude impairment of the circulation.

The term collapse usually designates a profound degree of shock induced by functional inhibition or depression of the vasomotor center resulting from some cause other than physical injury, such as cardiac or respiratory failure.

Treatment aims to raise the blood pressure by increasing peripheral resistance. As a rapidly acting medical agent for the certain accomplishment of this object Adrenalin is without a peer. In cases of ordinary shock it is best administered by intravenous infusion of high dilutions in saline solution. Five drops of the 1:1000 Adrenalin Chloride Solution to an ounce of normal salt solution dilutes the Adrenalin to approximately 1:100,000, which is the proper strength to employ intravenously. A slow, steady and continuous stream should be maintained by feeding the solution from a buret to which is attached a stop-cock for the regulation of the rate of flow.

In those cases marked by extremely profound and dangerous shock or collapse the intravenous method may prove too slow or ineffective. Recourse should then be had to the procedure described by Crile and called centripetal arterial transfusion. Briefly it consists in the insertion into an artery of a cannula directed *toward* the heart. Into the rubber tubing which is attached to the cannula 15 to 30 minims of Adrenalin 1:1000 is injected as soon as the saline infusion begins.

The effect of this is to bring the Adrenalin immediately into contact with the larger arteries and the heart. Sometimes, even in apparent death, the heart will resume its contractions, thereby distributing the Adrenalin through the arterial system and accomplishing the object of this heroic measure—resuscitation and elevation of the blood pressure.

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As a mouth-wash-dentifrice

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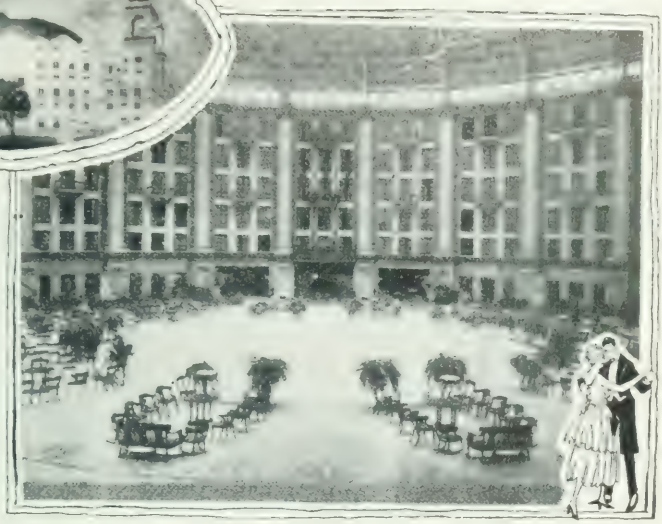

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Who will be pleased to send samples on request.

Foreword

To go about canvassing for votes is an ancient custom. It is a product of early Western civilization. When a person in ancient Rome was desirous to obtain a certain office he went around to canvass for votes. Hence the word AMBITION, a word now defined as the desire for power, honor, fame, excellence, and to which might be added riches and a few other things. Since the advent of the ballot-box, "canvassing" suggests more just how one is going to vote, and for that reason it is becoming distasteful to many. It is not a principle of true Democracy, where the office should seek the man, and not the man the office. For many years, perhaps, several principles of a true Democracy seem to have been perverted or mislaid altogether. The cause of this might justly be ascribed to AMBITION; and it is not so certain that AMBITION is a healthy attribute of soul. There may be, of course, laudable AMBITION, but it is likewise more certain that there is more often vaulting AMBITION which sometimes overleaps itself. Indeed, it appears to be quite true, that AMBITION to be always for the good of man is doubtful. Quite likely it is more often harmful, especially when it displays an eagerness to please the vulgar. Acts should not be performed solely to please men, but more because they are the right acts to do. Evidence is not wanting that AMBITION in some, even in members of the medical profession, may work untold injury to others. AMBITION very often results in pain to oneself and pain to others. While there is a noble and wise AMBITION, there is also an ignoble, selfish, and harmful AMBITION. Therefore, it should seem better, and quite possibly would be better, to leave AMBITION alone altogether, and aspire to excellence, pure and simple.

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Dominion Medical Monthly
And Ontario Medical Journal

Vol. LV. TORONTO, DECEMBER, 1920 No. 6

Original Articles

SIMPLE EVERYDAY SCIENCE ABOUT YEAST

(*Medical Record.*)

Leonard Hirschberg says that the dietetic and health value of yeast has been discovered in recent years. The small squares of yeast which one should eat before meals should be fresh and firm. Numerous independent workers have discovered that a half cake a day will aid good health, growth, vitality, weight, repair powers, and personal beauty of those who eat them regularly. They are said to be a complete food in themselves—and they contain vitamines, too. Yeast relieves constipation, and helps the red and white corpuscles to digest and destroy the pathogenic germs causing pimples, boils, and other more serious skin troubles, as well as those which are mere blemishes. As a pabulum for infants it is said to be superior to all except milk. Moreover, in adults it helps to ward off beriberi, pellagra, constipation, hemorrhages, certain joint pains from sugar disorders, the deformities of rickets, gout, and other digestive and deficiency diseases.

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EVOLUTION AND TREATMENT OF TUBERCULOUS GLANDS

(*The Medical Press.*)

Dr. Bufnoir, of Cannes, gives the following advice in the treatment of tuberculous glands:—

I.—A patient presents a more or less voluminous mass in the lateral region of the neck, or in the axilla, or in the groin. The surface of the mass is either smooth or lumpy; there is mobility and the consistency is uniformly hard. The diagnosis of adenitis is made. If the patient has not had some recent infectious trouble, if the adenitis has developed slowly or in successive attacks, if the patient is not syphilitic, one very naturally is inclined to consider the trouble of tuberculous origin.

As a matter of fact, this is nearly always true, and one is dealing with tuberculous adenitis in its first stage, *the stage of induration*. No operative interference is indicated. Send the patient to the seaside or to the mountains, recommend abundant food—avoiding, however, overfeeding, advise life in the open air, sun baths, and await developments. One has to be on one's guard against causes of secondary infection; in cervical adenitis the mouth, teeth and facial cavities should be watched; in inguinal adenitis watch the lower limbs. In the majority of cases the glandular mass will diminish in size and the affection run a favorable course.

In certain cases the mass remains stationary. Have patience and wait. Resorption may take place in the course of six or twelve months. Less frequently, the mass increases rapidly in volume, and then it is necessary to be on one's guard, for it may be a case of

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lymphenoma. In such a case try X-ray treatment. Surgical operation is only indicated when the mass is so large that it inconveniences the patient, and even then the outlook is very bad, for in all probability new growths will appear in the course of a few months and a fatal issue is practically certain.

II.—At a later period the glandular mass may present softening. Palpation with the two thumbs detects slight fluctuation in certain parts of the mass. The adenitis has reached the second stage, the stage of *intra-glandular suppuration*. What treatment should be applied? Puncture the glandular abscess, and if the contents are thick and clotty, if the abscess can only be evacuated imperfectly, inject a few drops of a mixture in equal parts of camphorated thymol and ether. This will liquefy the mass and puncture may then be repeated as often as is required. Do not inject any other modifying substance. There is every probability of success and of obtaining a complete cure without scar.

III.—In spite of puncture, the adenitis may attain the third stage; that is the stage of *periglandular suppuration*. Repeat the punctures as often as may be necessary. The pus may fuse under the soft parts to very considerable distances from the original seat of the trouble.

IV.—Never allow the trouble to reach the fourth stage; that of the invasion of the skin, which becomes red and thin. In such cases the subcutaneous fat has disappeared, and after recovery the skin will wrinkle and an ugly scar result. As soon as the skin shows the slightest tendency to redden, make *a very small* incision and drain. Every day the parts should be carefully expressed. Do not apply any dressing, but

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let the wound be exposed to the air and sunlight. At night, however, a small piece of sterilized gauze may be applied in order to avoid soiling the night clothes and sheets.

Even in these cases a cure may be obtained with minimum scarring.

V.—At a fifth stage (sinusation) chronic suppuration exists. One or more sinuses open externally. Here much patience is required. Try to establish thorough drainage and let the parts be exposed to air and sunlight as much as possible. If the sinuses are very near each other, cut the intervening skin or else it may later on give rise to an ugly scar.

VI.—If in spite of drainage, of thymol-ether injections, of general treatment, which should never be neglected, suppuration tends to become prolonged indefinitely, the glandular mass should be removed. When operating, however, remember that all external manifestations of tuberculosis leave after operations scars which have an inevitable tendency to assume the cheloid type; hence, be as parsimonious as possible as regards the length of the incision.

SIMPLIFYING THE ADMINISTRATION OF ARSPHENAMINE BY THE PRACTITIONER

(Medical Council.)

In practice simplifying technic is a great desideratum. Many cases of syphilis are never adequately treated because of the complexity of the technic demanded in the preparation and administration of arsphenamine solution. It is quite needless to say that

A Blood Pressure Thought

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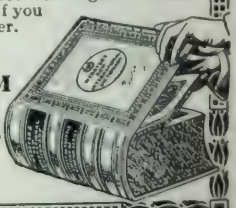

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ordinary coaptation splints may be used, the point opposite the fracture being doubly padded to produce overcorrection, and for this primary it is not necessary in my experience to use a splint which extends beyond the elbow joint, but at the end of five days, when the swelling is absolutely under control and when it has usually begun to recede, to treat these cases with a splint or any form of apparatus which does not extend above the elbow joint up the arm to at least one third of its length, Lemon says is to be guilty of gross error.—*J.A.M.A.*

The Department of Health, Ottawa, is still awaiting declarations from physicians showing they are engaged in the sale or distribution of narcotics. Unless these declarations are received in a reasonable time the law will be enforced and penalties levied on all delinquents. Doctors who have not received or mislaid their papers should apply to the Department for them without delay, as the penalties will stretch from two hundred to a thousand dollars.

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Can the crook of his elbow be sent to jail?
  Where's the shade from the palm of his hand?
How does he sharpen his shoulder blades?
  I'm hanged if I understand.

—*American Legion Weekly.*

When the first child was born, or rather delivered—for it was instrumental—the obstetrician cleared the mucus from the throat and, placing a towel over its mouth, blew into the windpipe. The Vienna-trained nurse stood by watching the proceedings intently. Then the announcement was made that a second child had to be delivered. When that was accomplished the accoucher said to his assistant: "You go and see if you can resuscitate that child, I think it's dead." As the assistant returned to the bedside he indicated with a nod the Vienna-trained who, holding the second child by the ankles, its head hanging down, and with her lips applied to the anus, was blowing with all her might into the rectum. "I never saw insufflation performed that way before," he murmured. Quick as a flash the obstetrician came back: "You mean behind."

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FASHION IN SMOKING

The marked increase in the use of tobacco recently noticeable in Canada is a post-war development which psychologists have no trouble in explaining. It is not so easy to find reasons why people adopt one form of smoke more than another, and a London correspondent comments on the curious vicissitudes of fashion in smoking. From the fact that he saw a Prime Minister with a pipe in his mouth the correspondent infers that pipe-smoking is becoming more fashionable in England. Whatever may be the reason for its increased use, Old Chum pipe-tobacco gives solid comfort.

Reviews

Principles and Practice of Infant Feeding. By JULIUS H. HESS, M.D. Second Revised Edition. Philadelphia: F. A. Davis Company.

Artificial infant feeding being now more on a scientific basis, this book will appeal to those requiring enlightenment on a modern subject.

A Short History of Nursing. By LAVINIA L. DOCK, R.N., with collaboration of ISABEL MAITLAND STEWART, A.M.R.N. Price, $3.50. New York: G. P. Putnam's Sons.

This volume has been issued especially for student nurses. It is bound to be used in a great number of hospital training schools.

An Epitome of Hydrotherapy. By SIMON BARUCH, M.D. Cloth, $2.00. Philadelphia and London: W. B. Saunders Company. Toronto: J. F. Hartz Co.

This is a brief and practical review of the principles and methods of hydrotherapy.

Laboratory Manual of Pharmacology, including Materia Medica and Pharmacopedics. By A. D. BUSH, M.D. Price, $3.50. Philadelphia: F. A. Davis Company.

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News Items

There is said to be a deplorable lack of nurses in every province of Canada.

The Canadian Medical Association will meet in Halifax, N.S., July 5th, 6th, 7th and 8th, 1921, under the presidency of Dr. Murdoch Chisholm. It is the fifty-second annual meeting. The last annual meeting which was held in Halifax was in 1905.

Colonel Albert Carless, C.B.E., who is representing the Barnardo institutions in Canada, addressed the Toronto Academy of Medicine, November 2nd, "On Reminiscences of Lister and War Work." Recent medical students will remember him as a joint author of "Rose and Carless."

McGill University proposes a new building to house Pathology, Medical Jurisprudence, Hygiene and Psychiatry. This is considered essential for the development of the medical faculty. The erection of

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such a building would necessitate an expenditure of $460,000, and would require an endowment of $150,000.

The Canadian Medical Association adopted a new constitution and by-laws at the Vancouver meeting in 1920. The new constitution provides for admission of affiliated societies—any federal medical or scientific body. Something like this was mooted in 1905, 1906 and 1907, when the Association also underwent re-organization.

The Hon. Dr. Henri S. Beland, M.P., formerly Postmaster-General for Canada, has received a unique tribute from King Albert of the Belgians of an autographed letter expressing profound appreciation of the services of Dr. Beland in the Belgian forces at Liege and Antwerp, and particularly at the Hospital of St. Elizabeth. Accompanying the letter was the bestowal of the title Knight of the Most Distinguished Order of the Crown of Belgium.

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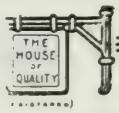
COMMENT FROM MONTH TO MONTH

Detention Wards in all General Hospitals, or a detention hospital is urgently needed in Toronto. Quite likely it is similarly urgent in other centres of population. Physicians have long since recognized that in this type of illness the most effective treatment of the prevention of insanity is early diagnosis and treatment, as it is for all other diseases. The physician often hesitates to commit to a hospital for mental diseases when he would have no hesitancy in sending a patient into a ward of a general hospital for observation. The patients themselves fight against the mere suggestion of residence in one of those hospitals; and the friends are equally dilatory with the physician in coming to a decision. Thus, valuable time is lost in the interest of the one who is ill mentally. If the sick person knows he or she is really going to an ordinary hospital, there is the psychic or suggestive probability of a cure and a subsequent return to ordinary life. This factor should not be lost sight of in this



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type of cases especially. Too many harbor the foolish idea that once a patient in a hospital for mental disease, always a patient in that institution. There seems to be only one exception to the rule in these cases —it should be made sure that, in any particular case, the patient is not suffering from any congenital mental defect.

Government Control of Liquor is soon to be the order of the day in British Columbia. It is not so sure but that this might be the best method for all the provinces of Canada. Men of moderate minds have simply been appalled at the orgy of " bootlegging " in Ontario; and when judges tell us that there never was so much crime in the province, we have only jumped from the frying-pan of the liquor traffic into the fire of youthful depravity for, before 1916, was not the great mass of crime attributable to the open bar and the liquor shop, and were not these mostly the cause of the undoing of the youth of the land? The liquor route to perdition was closed, but now there is, on the best authority, more youthful depravity than ever dreamt of in the Province of Ontario. What has failed? What thing was left undone that should have been done? The habitue of the bar-room was left stranded on the street with no place to congregate, no place to commune with his fellow-beings. When a man has no place to go he goes home, but the youth of the land loves to be abroad, and finds most pleasure in the companionship of his equals in age, sports and amusements.

The old and stock arguments that the open bar and the liquor shop were the chief menace of the youth of the land may have been good in their day and genera-

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tion, but what of the present? What of the present, with the jails, asserted by judges, to be full to overflowing with youthful delinquents? The attention of the moralist and even the moderate man with his "prescription for his health," must now be directed into a new channel—how shall we protect the young from themselves?

In any system of Governmental control, that Administration will be wise to seek counsel of the medical profession wherever that control is to be inaugurated. If any system of permits is to be the vogue, then certainly no young person should be licensed to obtain liquor without the strictest surveillance. Liquor is not for the young, unless, perhaps, in occasional sickness. It may be necessary at times for older persons, and it would certainly satisfy the great mass of intelligent humanity who think they require liquor, and certainly appease their rage at what is considered a wrongful invasion of their liberties, if, on some system of permission, they could purchase a limited quantity of liquor without recourse to the doctor at all. In any case, the profession of medicine is heartily sick of the whole business as it now obtains, and will certainly bless the day when they again have their liberty.

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ALFRED J. ZOBEL, M.D., F.A.C.S., *San Francisco, Cal.*

The writer quoted is of the opinion that the essential difference between the general surgeon and the surgical specialist is the careful attention to detail which the latter gives to everything within the scope of his particular field of endeavor.

Watching the work of some of the better general surgeons, he has been struck by the fact that, in their rectal work, the operation itself seemed to be the only thing of importance. The post-operative treatment, particularly, appeared to be of very little consequence to them, and was often left entirely to the interne or the nurse; this accounts for a great part of the large percentage of failures which follow fistula operation as shown by hospital statistics.

The writer described his way of treating fistula cases, following operation. The wounds are first lightly, yet firmly, packed with strips of iodoform

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Foreword

Excellence signifies nearing perfection. If there were more striving for excellence in every department of life there would be less dissatisfaction, fewer disappointments, and a minimum of worry. The workman who has his eye solely on the excellence of the end-results of his labor will in due time reap the reward of his merit. What a pleasure it is to realize that one has employed a stenographer who comes to her work a well-trained, finished product of the commercial school! Is it not so in all other walks of life? It is not pleasant to hear expressions such as these—a hedge carpenter, a botch plumber, a bum painter, a poor preacher, a pettifogging lawyer, a quack doctor, or a butcher surgeon—all signifying they are not properly qualified for their vocation in life. "Whatever thy hand findeth to do, do with all thy might!" There is too much jockeying for place. Even so, in journalism and every form of literary endeavor, the aim should be for perspicuity, clearness and precision in the structure of sentences, the avoidance of ambiguity and equivocation and, as Stevenson says, truth to the fact and a proper spirit in the handling; the right word in the right place best to bring out the sense; in a word, excellence so far as it can be attained—an exercise to last to the end of life itself, and at which R. L. S. was such a master. The episode of Tommy and Cathro will illustrate the striving for excellence as limned by Barrie. To attain near-perfection requires early-and-late application. It is related of Stevenson that he was always wrestling with words while his fellow-students were tackling the humanities. Not many of his associates live in either literature or history. He strove for excellence in words; he got it. What a universal pleasure does this striving after excellence give to mankind!

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Original Articles

CITRATE OF SODA IN PATHOLOGICAL VENOUS STATES

(*Medical Press.*)

A remarkable instance of recovery from senile gangrene complicated by extensive bed-sores has been placed on record by Dr. Ozo, of St. Nazaire,* in which the improvement is ascribed to the administration of one gramme doses of citrate of soda. As a matter of fact the patient, who had been suffering from very severe pain along the track of the arteries of the lower limbs, experienced entire relief within a few hours of the commencement of the treatment and, what is even more to the point, from that moment the gangrene ceased to extend and soon began to mend. The interesting feature is, of course, the administration of the citrate and, incidentally, the results in this instance open up a vista of therapeutical usefulness in regard to other cases of pathological venous conditions, more particularly thrombosis and phlebitis; in fact, whenever there is an abnormal tendency to clot on the part of the blood. One step farther, and its use would seem to be indicated in cases where there is reason to

* "Gazette des Hôpitaux," September, 1920.

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apprehend the formation of clots in the cerebral circulation. After all, cerebral thrombosis is usually a more or less insidious process, and it is some time before the obstruction of the vessels becomes approximately complete, consequently the therapeutist has time to intervene, and we know no other means to counteract this tendency at his disposal than the administration of citrate of soda. The clotting tendency is associated with enhanced viscosity of the blood which hinders its progress through the vessels, and this peril is particularly likely to present itself in the subject of diabetes, owing to the presence of an undue proportion of sugar in the blood. It follows that whenever the hyperglycæmia exceeds, say 3 parts per 1000, citrate of soda is indicated. The drug has long since been empirically employed in this disease, but we now have a scientific explanation of its usefulness.

DILATATION OF THE LATERAL VENTRICLES AS A COMMON BRAIN LESION IN EPILEPSY

Dr. A. Thoms (*Journal of Nervous and Mental Disease*, January, 1920) finds from observation that dilatation of the lateral ventricles is a common abnormality of the brain in epileptic subjects, but fails to find in literature mention of this phenomenon. A study of the brains of seventy-five epileptic subjects made during the past seven years showed that seventy-six per cent. or fifty-seven cases had gross brain lesions. Thirty-one of these fifty-seven cases presented cortical lesions as well as dilated ventricles, sixteen showed lesions of the cortex alone, and fourteen had dilated lateral ventricles, though the cortex looked normal.

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In the cases with cortical lesions the hind part of the brain, especially the occipital lobe, was most frequently affected. General cerebral gliosis involving the entire cerebrum was the next most frequent manifestation. Softenings, usually localized, were noted in surprisingly few instances.

The dilated ventricle group, comprising forty-one cases, or 54.6 per cent., showed abnormalities of the cortex in twenty-seven brains, which cortical lesions were the probable cause of the convulsions. The ventricular dilatation in the remaining fourteen cases in which there was no cortical involvement, raises the question as to whether lesions affecting primarily the white matter may not be a factor in producing epilepsy. A summary of the ages at which convulsions began in the group with both dilated ventricles and cortical lesions showed that the onset occurred before twenty years of age in sixty-three per cent. of the cases, whereas it occurred at this period in only forty-three per cent. of the cases in which there were no cortical lesions. In cases presenting dilated ventricles without cortical lesions the greatest number of onsets after thirty years of age occurred.—*N. Y. M. J.*

THE THERAPEUTICS OF ESSENTIAL EPILEPSY

L. Pierce Clark (*Boston Medical and Surgical Journal*, September 30, 1920), says that in handling the individual epileptic it is first necessary to analyze the specific conflicts which he has to meet in life and note his type of mismanagement of them. Then consciously to increase the patient's insight into the situation is absolutely necessary. It has been the custom so long

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	Children : *2 Dessert spoons a day.*	Children : *1/2 measure morning & night.*	

NOTE — To prevent substitution physicians are requested to specify **HISTOGENOL NALINE** and prescribe according to requirements.

Reading matter and samples : **A. NALINE**, Druggist, Villeneuve-la-Garenne (France).
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merely to note the epileptic defect and not make him aware of his own inherent fault that this method alone is almost revolutionary. Heretofore this kind of autognosis, or self-knowledge, has been left to well-meaning friends, nurses, religious instructors or tutors, and has not been brought into the physician's own armamentarium. Perhaps it has been held to be of so little medical importance, or that the process of wise teaching entailed has been thought to be so time-consuming that the physician has neglected his plain duty. But since the newer principles of re-education and psychoanalysis in the neuroses have been established, similar methods are really found to be of service in essential epilepsy. Proceeding with this method sooner or later one finds that the epileptic individual possesses a crude type of personality. No explanatory talk about his character defect will remove it.

Essential epilepsy in its inability to be analyzed away demonstrates that it is not a neurosis but a profound disorder of the instinctive life. Analysis but points out the glaring defect and it is then possible to lay down a daily schedule of character training and practice in concrete instances wherein the epileptic may learn day by day, little by little, the means of overcoming his faults of character. Analysis only points out the specific re-education possible. In many instances notes of the analyzed defects should be taken by the patient himself or summarized by the teaching physician, so that the epileptic individual may go over it again and again. He is likely to forget the explanatory talks as a protective mechanism common to all humanity. The fit itself obliterates the imprint of the corrective advices. Thus it would seem that the epileptic seizure is a magic talisman in

A Blood Pressure Thought

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more than one direction. It reduces the sting of the affective stress which springs the epileptic reaction. Be it fit or explosive temper, it carries off the keenness of the epileptic initiation of helping himself and obliterates the teachings formerly given him.—*N. Y. M. J.*

PROPHYLAXIS AND TREATMENT OF RUPTURE OF THE UTERUS DURING LABOR

(*Medical Record.*)

Rupture of the pregnant uterus takes place in two circumstances. Sometimes on account of tension or an extreme thinness, the lower segment of the organ gives way, either spontaneously or from some adjuvant influence, such as the application of the forceps, but above all when attempts at version are essayed. At other times, the lower segment of the uterus ruptures as a result of operative traumatism in tentatives at rapid dilatation of the cervix or the delivery of the child through an incompletely dilated os. Uterine cicatrices, the result of former tears or operative interference, and particularly the cesarean operation, naturally create a predisposition to rupture.

Should rupture appear to be on the point of occurring, version is to be proscribed and in its stead forceps or the cesarean are to be resorted to according to circumstances. The indications for cesarean section are becoming more numerous and at the present time this operation should unhesitatingly be done in every case where rupture of the uterus appears to be practically unavoidable during attempts at extraction through the cervix. All this immediate prophylaxis is itself dominated by a more distant prophylaxis which con-

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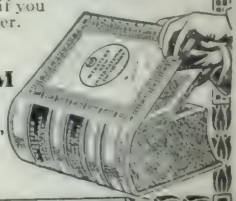

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sists in maintaining watch over pregnant women during the latter months of gestation and at the beginning of labor in order to resort to proper measures in good time, such as version in shoulder presentations. In order to avoid rupture from forced dilatation of the cervix, this procedure should be carried out with prudence and then only in properly selected cases, that is to say, in multiparous women with a yielding cervix already somewhat dilated, and extraction of the infant should not be attempted until dilatation is complete. Particular care must be exercised in cases of former tears of the cervix, which are suspectible of being the starting-point of a new laceration.

Should rupture have occurred there are three conditions to be feared, namely, shock, hemorrhage, and infection, which are to be dealt with according to the principles of modern surgery. When the rupture is complete the child and placenta are to be extracted without delay, the best procedure being laparotomy, especially if the fetus has escaped into the abdominal cavity. All other procedures are either dangerous or inefficient. Abdominal hysterectomy is unquestionably the method of choice. If the rupture is subperitoneal the fetus may occasionally be removed by the vaginal route (version must never be attempted), and this may be followed, in simple cases, by plugging with sterile gauze. But laparotomy remains the only proper procedure when the hemorrhage is in any amount or there is indication of infection, even if very slight.

Finally, there are uterine ruptures which are complicated by a tear in the bladder or by hernia of an intestinal loop through the rupture. These conditions are to be dealt with according to rational indications.

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She.—"Confess now that you men like talkative women as well as the others."

He.—"Others! What others?"—*Boston Transcript.*

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Meldrum (being measured for a new suit)—Where is the man who used to measure me?

The Tailor—He had to quit. He got rheumatism and couldn't stoop low enough to measure to the bottom of men's trousers.

Meldrum—What is he doing now?

The Tailor—Measuring for a ladies' tailor.—*Judge.*

OUR PRECOCIOUS GIRLS

The principal of a certain school for girls had occasion to speak sharply to one of the pupils.

"Marion," he said sharply, "you've neglected your work shamefully, and you must remain with me an hour after school."

Marion shrugged her thin little shoulders.

"Well," she said, "if your wife doesn't mind it, I'm sure I don't."—*Denver Times.*

THE OLD ONES ARE THE BEST

Higgins got home one night to learn that his wife had given birth to triplets—three healthy, bouncing boys.

Higgins, overjoyed, went to the boss's office next morning and recounted the rare and wonderful thing which had befallen him. The boss felicitated him heartily, and the next day Higgins was sent for.

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For Children of ten or more years, from one-quarter to one-half teaspoonful.

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In all Impoverished Conditions of the Blood, such as Anæmia, General Debility, Convalescence from all diseases, etc.

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He hurried to the office again, to find the entire firm assembled there. A handsome silver cup stood on the mantel, and this trophy, in an eloquent speech, the boss presented to him in recognition of the triple blessing which he had bestowed on his country.

Higgins took the cup in his hand, bowed respectfully, and said:

"Excuse me, sir, but is this cup mine now, or do I have to win it three years in succession?"—*Pickup.*

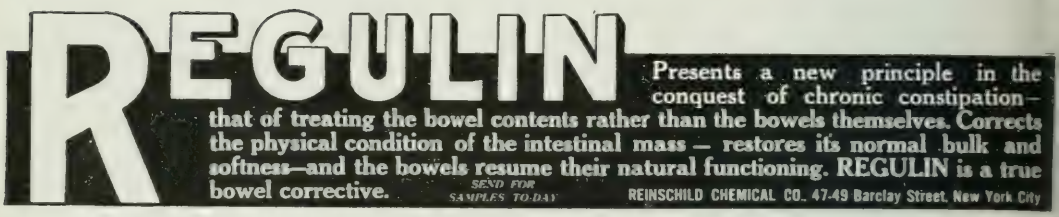
THE BOSS

A travelling salesman visited a small town and sold the proprietor of its general store some merchandise. When the goods arrived they were not as represented and the merchant consequently returned them. But the house nevertheless attempted to collect the bill and drew a sight draft on the merchant through the local bank, which returned the draft unhonored.

The house then wrote the postmaster about the financial standing of the merchant and the postmaster laconically replied that it was O.K.

By return mail the house requested him to secure a lawyer to collect the account and received the following reply:

"The undersigned is the merchant on whom you attempted to palm off your worthless goods. The undersigned is president and owner of the bank to which you sent your sight draft. The undersigned is the postmaster to whom you wrote, and the undersigned is the lawyer whose service you sought to obtain for your nefarious business. If the undersigned were not also the pastor of the church at this place he would tell you to go to hell."—*Pickup.*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Physicians requiring accuracy in compounding prescriptions and prompt delivery of medicines will find Moore's stores efficient.

Reviews

In the November, 1920, issue of DOMINION MEDICAL MONTHLY there are three notices of books published by H. K. Lewis & Co., London, England. In each there is a mistake in the spelling of the author's names:

"Theory and Practice of Nursing" is by Miss M. A. Gullan, not Gullen.

"Theory and Practice of Massage" is by Miss Beatrice M. Goodall-Copestake, not Copestone.

"Anæsthetics" is by Dr. D. W. Buxton, not Burton.

Regional Anesthesia. By B. SHERWOOD-DUM, M.D. Philadelphia: F. A. Davis Company.

There are 224 figures distributed in the text of this book. It is modelled after the methods of Professor Victor Panchet, of Paris.

International Clinics. Vol. III. Thirtieth Series, 1920. Philadelphia and London: J. B. Lippincott Co. Montreal: 201 Unity Building.

A modern, up-to-date quarterly, which keeps the busy general practitioner well abreast of the times.

"The D&L" TRADE MARK

PRESCRIPTION 1920

IMPROVED HYPOPHOSPHITE MEDICATION.

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In convalescence, after influenza, pneumonia, etc., physicians of experience know the value of what are known as tonics for improving the nerve tone, the oxygen carrying power of the blood, by increasing the iron content, and stimulating the appetite and digestion, so that the whole organism is aroused to throw off the poisonous products of disease and the building up of healthy tissue throughout the body.

Prescription 1920, which contains the hypophosphites combined with strychnine and quinine, will fulfil the requirements at that time.

SPECIAL NOTE.

Prescription 1920 is supplied in the form of a syrup and is also put up without sugar for use in cases where sugar is contra-indicated as in diabetes.

Stocks of both forms of this improved combination of the hypophosphite salts are now in the hands of your local druggist. We solicit your prescription for same.

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It is with perfect frankness, and with the utmost sincerity that, without pretending to cure every case of Epilepsy, we recommend to the medical profession **GELINEAU'S DRAGEES,** which have given to their inventor the most complete satisfaction for 30 years and have earned for him the gratitude of numerous sufferers. **GELINEAU'S DRAGEES** offer to the practitioner a superior weapon, giving him the possibility of a triumph in ordinary cases, and in all cases the certainty of at least a marked improvement.

GENERAL AGENTS FOR CANADA:

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News Items

The Freeport Sanitarium, Galt, Ont., recently taken over from the military authorities, has been re-opened as a tuberculosis hospital. It has been completely equipped and now has accommodation for seventy-five patients. Dr. Proctor, O.C., will remain as physician-in-chief.

The Ontario Medical Association, in special session in December in Toronto, from now on will place the responsibility of passing legislation governing osteopaths, chiropractors, squarely on the law-makers of the province.

Dr. Charles H. Bird, Gananoque, Ontario, has been elected president of the Leeds and Grenville Medical Society.

Drs. F. N. G. Starr and David J. Gibb Wishart, Toronto, have been elected governors of the American College of Surgeons.

Dr. O. W. McMichael, Toronto, '91, is practising at 32 North St., Chicago.

THE VALUE OF CHEERFULNESS

To keep cheerful under all the varying circumstances of life in these days of stress is by no means easy to the average man. To preserve one's equanimity is, however, not only a duty but also a great physical benefit. Medical men are united on this point, all recognizing the importance of a mind at ease. The solace of tobacco contributes largely to this desirable end, and when used in the form of chewing tobacco it has, moreover, a refreshing effect.

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Dominion Medical Monthly

And Ontario Medical Journal

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Obstetrics: Arthur C. Hendrick.

Pathology and Public Health. John A. Amyot, Chas. J. C. O. Hastings,

Dermatology: George Elliott.

Psychiatry: Ernest Jones, W. C. Herrman.

Ophthalmology: D. N. Maclennan, W. H. Lowry.

Rhinology, Laryngology and Otology: Geoffrey Boyd, Gilbert Royce.

Gynecology: F. W. Marlow, W. B. Hendry.

Genito-Urinary Surgery: T. B. Richardson, W. Warner Jones.

Anesthetics: Samuel Johnston.

GEORGE ELLIOTT, MANAGING EDITOR.

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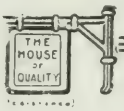
COMMENT FROM MONTH TO MONTH

The Nineteenth Annual Report of the Canadian Medical Protective Association has been prepared and issued to its members. In twenty years this Association has demonstrated what careful management can accomplish. With total assets now accumulated to more than $18,000, and the liabilities nil, the officers are to be congratulated on the decided success of this organization.

Sometimes, upon reflection, we are prone to conclude that the medical body of Canada is not organized as it should be. In the past it cannot be said that some of our organizations have met with pronounced success, financially and otherwise. Perhaps there has been too much division of labor. We have medical councils, national and provincial medical societies—several of them separately incorporated bodies. There seems to be no unifying principle in the medical profession at large—a body to speak with authority whenever and wherever medical matters come into the view of the people at large.

In national medical affairs, for instance, there is the



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Federal Ministry of Health, the Dominion Medical Council, the Canadian Medical Association, the Canadian Medical Protective Association. Down the line we have the provincial organizations, societies and associations; the county, city, and many district societies—a multiplication of organized medical bodies the Dominion over. A medical man may be a member of many of these, or he may plow his lonely furrow. From time to time sporadic efforts are put forth by those seized with the itch to organize, and we are always organizing, organizing, organizing. Some imagine conditions are becoming better in the medical profession, while as a matter of common knowledge, they are becoming worse. As a medical body we lack cohesion by reason of this division of labor.

We remain narrow, provincial, sectional, instead of liberal, broad, and national. We could be a mighty force in the upbuilding of national life. As Paracelsus is said to have burned all his medical books in the public market place, we might profitably pitch into the melting-pot much of our so-called organizations of the medical profession in Canada. We are at sea without a rudder. Whilst drifting about, what will the public think of us? Is the public thinking about us as a profession and as a body which can better be made to subserve their ends? The sooner the Canadian medical man begins setting his house in order the better it will be for all concerned.

First, all local prejudices must be submerged, destroyed altogether, forgotten. The second essential is the election of a leader—and let's begin at the top. The Dominion Medical Council is the logical leader. Now to the task!

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is not only the first consideration of the physician, but almost invariably the most urgent and insistent demand of the patient. It is, therefore, a matter of great satisfaction to many medical men that in

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they have an analgesic that enables them to meet this demand so effectually without embarrassing the heart or circulation, disturbing the digestion, suppressing the secretions, producing constipation, or presenting the slightest danger of creating a drug habit.

Countless physicians, therefore, are to-day discarding the opiates and turning to Phenalgin as the safest and most dependable anodyne for relieving *headaches, neuralgia, rheumatism, myalgia, lumbago, migraine, la grippe,* and painful conditions generally.

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M24

The Importance of Nutritive Repair in the treatment of all bodily disorders associated with loss of weight and general vitality, is too patent to need more than passing emphasis. The question of how best to bring about such a desirable result is, however, one that the physician is daily called upon to answer, and upon his ability to "build up" his more or less devitalized patients will largely depend his success in the treatment of chronic affections. Taking, for example, a patient suffering from pulmonary tuberculosis in the incipient or secondary stage, what are the approved measures to adopt to bring about improvement of nutrition and a consequent gain of weight and strength? All phthisio-therapists now agree that the therapeutic trinity of salvation for the tuberculous invalid is composed of: 1—Fresh, pure air, in abundance, both night and day; 2—A properly balanced ample supply of nutritious food; 3—Plenty of rest, especially during the febrile period.

While medication is useless, unless the patient is properly fed, "ventilated" and rested, as above referred to, there is no doubt that intelligent medical treatment, designed to promote nutrition, is indicated in a majority of cases. If the tuberculous patient has been neglected for any length of time, some degree of anemia is almost always present. In such cases, an absolutely bland, non-irritant, readily tolerable and assimilable form of iron, such as exists in Pepto-Mangan (Gude), cannot be but of benefit, by stimulating the formation of erythrocytes and hemoglobin, and thus augmenting the oxygen-bearing potency of the blood. Metabolic interchange is thus quickened, better absorption and assimilation of food follows, and as a consequence, nutritive repair is encouraged and hastened.

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"I have reduced the mortality seventy-five per cent. by its usage, as it delivers the reaction on the circulation essential to recovery.

"It certainly has within its formula all that could be expected, and the most benefiting medicinal agents. The formula cannot be excelled. I also use it by adding mercury in specific bubon.

"All who doubt this agent should just try it for a change."

— Dr. J. M. H., Texas.

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Publisher's Department

POTASSIUM BOROTARTRATE IN EPILEPSY

Pierre Marie, Crouzon and Bouttier (*Bulletin d l' Académie de médecine*, June 1, 1920), report clinical tests demonstrating that boron compounds, and in particular potassium borotartrate—sometimes termed soluble cream of tartar—exert an effect in epilepsy much like the bromides, but without the drawbacks attending the use of the latter. A marked reduction in the intensity and frequency of the seizures was obtained. Potassium borotartrate occurs in transparent scaly crystals, colorless, with an acid taste, and very soluble in water. Where, owing to a change in the molecular condition, the solubility diminishes, it can be promptly restored by treating the compound with hot water. The dose of the drug administered was generally three grains a day, given in three tablespoonfuls of the following solution: Potassium borotartrate, twenty grams; chemically pure glycerin, ten grams, and distilled water, enough to make three hundred mils. This dose could, if necessary, be largely increased, as formularies generally give the dose of potassium borotartrate as a purgative as twenty to thirty grams a day. In the clinical tests, ten chronic epileptics, previously under prolonged observation and many of them no longer amenable to bromides, were given three grams a day of either the salt mentioned, sodium tetraborate, or ordinary borax. As with bromides, the benefit appeared first as a transformation of the seizures to mere dizziness, and later by progressive diminution of the intensity of the latter. The

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average number of seizures a month in these ten patients was 30.5 before the boric treatment, eighteen during the first month of treatment, 11.5 during the second month, and nine in the third month. Only once or twice was there any vomiting, and when it occurred it yielded promptly to cessation of the drug, as did also looseness of the bowels. An important advantage over the bromides was the entire absence of any evidences of mental depression by the drug, which seems to act directly upon the primary pathological cause of epilepsy rather than by depressing the nerve centres. The fact that three grams of potassium bromide contain two grams of bromine, whereas three grams of potassium borotartrate contain only 0.155 gram of boron, also points to a different mode of action on the part of the two agents. Possibly the boron acts after the manner of a catalyzer. Potassium borotartrate was well borne, alike in children and aged individuals, but borax sometimes brought on eczema. The former agent is almost invariably to be preferred to borax or sodiumtetraborate. The latter, however, gives better results than borax. Favorable clinical effects were likewise obtained in traumatic epilepsy and in epilepsy due to brain tumor.—*N.Y.M.J.*

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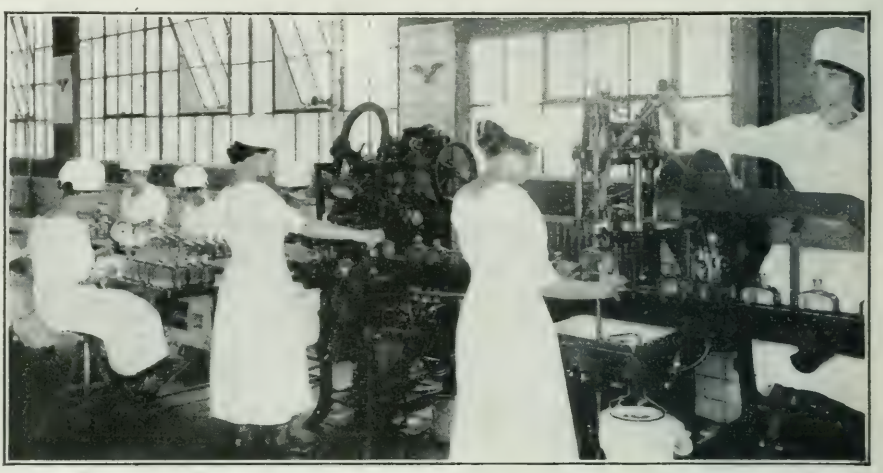

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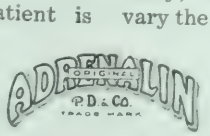

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Foreword

Ambiguity is defined as uncertainty or dubiousness of meaning; equivocation, using ambiguous words to mislead. The two words may be thus used together, or in place of each other, in a somewhat synonymous sense. They make an example of a want of defining terms, so much in evidence in educational life. It is not in education, however, but almost in every walk of life, especially more prominent in laws, that want of a clear understanding tends to confuse. Sometimes it is difficult to understand what a writer is driving at. Even in medicine terms are often so illy defined, or rather so loosely used, that the sense may be missed entirely. So much is said about education now-a-days that one wonders that more attention is not given to teaching the right use of words in the primary and secondary schools. When a boy or girl attains to manhood nothing comes in more handy than the right word in the right place. Words! words! words! These are the foundation stones of learning. Our good English is being continually corrupted by the slang of everyday, and our teaching is being undone as soon as it is done. It seems to be considered smart to so use words that one's meaning is obscured, hidden, and we have forgotten the injunction: let your conversation be yea, yea, and nay, nay. Perhaps the fault lies in the fact that not enough attention is given to etymology. Certainly a good vocabulary can only be possessed through hard and patient toil. Perhaps the connectives are too frequently neglected. Perhaps they are too often looked upon as of no account, of no moment. We should try not to be ambiguous. We should certainly avoid equivocation.

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Dominion Medical Monthly
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Vol. LVI. TORONTO, FEBRUARY, 1921 No. 2

Original Articles

HEART DISEASE

(*The Medical Standard.*)

Dr. James Third, Kingston, Canada, in an article contributed to the *Canadian Medical Journal*, calls attention to a few of the outstanding signs and symptoms in cardio-vascular disease that spell danger, and says that when we recognize these the meaning of all the others can be worked out and the disability fairly assessed. Myocardial degeneration, if we exclude that due to acute infections, is not likely to be present before middle life. Failure of compensation, or better, heart failure with congestion, is always the result of a myocardial change. When strain on the cardiac muscle goes beyond its physiological capacity then no matter what may be the condition of the valves, the heart as a whole is forced to run up a signal of distress. The first signal is usually breathlessness. The writer discusses two fundamental causes of breathlessness, acidosis and diminished vital capacity of the lungs, and states that whatever may turn out to be the cause, the fact remains that breathlessness of purely cardiac origin is the most important subjective symptom of cardiac disease. When of purely cardiac origin it is always accompanied by a general cyanosis.

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It would be a mistake, however, to conclude that no form of heart disease exists when this symptom is absent. In the early stages of both mitral stenosis and aortic disease, breathlessness is usually absent. If we exclude the breathlessness of the neuroses, the severe anemias, lung disease, acute infections and intrathoracic growths, then the degree of breathlessness, especially in a man past midday, is a fair measure of the cardiac inefficiency. The so-called "cardiac asthma" is always a serious affection. The condition occurs most frequently in elderly people with myocardial degeneration, high blood pressure and sclerotic arteries. If accompanied with angina, or alternating pulse, the patient will not likely live more than a few months. True asthma is no less serious. It is a signal of some degree of heart exhaustion. It may be interpreted as too much work, too much worry, or a lengthening of the shadows. Seeking confirmation of a diagnosis thus made by physical examination, it is generally agreed that serious myocardial change is accompanied by enlargement of the heart. The simplest and best guide to the size of the heart is position of the apex. The writer questions that refinement of diagnosis which states that a "heart is enlarged 1 cm. to the right or "1 cm. to the left," believing that it is a physical impossibility to attain that degree of accuracy. The different murmurs are described and are said to have little prognostic significance in themselves. Mitral stenosis alone is usually, but not always, a serious condition. Mitral stenosis in the young accompanied by a presystolic and mid-diastolic murmur, and a definite thrill, is always a serious condition. The interval elapsing between the rheumatic or choreic attack and the development of the presystolic

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murmur is often a valuable guide to prognosis—the shorter the interval the more grave the prognosis, and *vice versa*. Aortic disease is attributable to rheumatism or chorea in about half the writer's cases. Syphilis and arterior-sclerosis claim the other half. After puberty the endocarditis variety or aortic insufficiency is consistent with good health for years, because the valve changes are not necessarily progressive. On the other hand, the degenerative form, usually syphilitic (and the war has taught us how common this variety is) is always serious. The value of the sphygmomanometer in diagnosis and prognosis is great, but not as great as some would have us believe. Blood pressure alone should never be taken as a basis for either diagnosis, prognosis or treatment. It should always be considered in relation to the arteries, the size and exercise tolerance of the heart, and the condition of the kidneys. In all patients with high blood pressure the urine should be carefully examined.

REMOVAL OF ADENOIDS IN INFANCY

(*Medical Record abstract from The Practitioner.*)

Hunter Tod reminds one that no topic can possibly have been treated more exhaustively than that of adenoids, but in spite of the plethora of papers on this subject very little has been mentioned with regard to adenoids in infants (babes under nine months old). It is common knowledge, or should be, that the healthy new-born infant after crying lustily soon subsides into a peaceful sleep. Who has ever seen a new-born babe lying asleep with its mouth open? Subconsciously it keeps the mouth closed, so that nasal obstruction from any cause will give rise to imperfect respiration, per-

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haps sufficient to cause cyanosis and to simulate laryngeal obstruction. These babes if left unaided may quickly die. Three conditions are possible causes of such a contingency: (1) swelling of the nasal mucous membrane and the presence of mucous secretion; (2) congenital obstruction of the nasal cavities or of the posterior nares; (3) adenoids. A weak solution of adrenalin chloride sprayed into the nasal cavities suffices in the first and commonest cause of obstruction. The second is external, rare, judging from the writer's experience and literature, perhaps because the infant in such cases succumbs before the condition is recognized. Adenoids, when present at birth, are never sufficiently large to endanger the child's life. At the same time they may give rise to obstructed nasal breathing, shown by restlessness, indrawing of the diaphragm, and inability to suck. A few days after birth the infant begins to breathe with the mouth open, to snort and sniffle. Owing to the nasal obstruction it swallows air while trying to suck, which makes it sick and gives it windy spasms. If, owing to consequent dyspeptic troubles, the infant gets a rash, the doctor may suspect congenital syphilis. Adenoids, present at birth, give rise to immediate symptoms; congenital syphilis about the third week. When removing adenoids under the age of six months, especially if the baby be undersized or ill-developed, a general anesthetic is neither required nor advisable. The infant is held in a sitting position by a nurse, a small curette is passed up behind the soft palate into the nasal space and brought down with one sweep. Owing to the small size of the post-nasal space, it requires but a tiny pad of adenoids to give rise to symptoms, but in some cases one is surprised at the amount

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of adenoids removed. As a rule, very little bleeding takes place, and there is rarely any shock, but the infant should be kept warm, and, if there appears to be any shock, should be given a drop or two of brandy in a little milk. It is advisable not to feed the infant for three hours before the operation takes place, so that it can be given the breast or bottle within ten minutes or so after the operation has taken place. The writer strongly urges that adenoids should be removed whenever they give rise to any symptoms which may adversely affect the child's future welfare.

TREATMENT OF SCABIES BY MILIAN'S METHOD

(*The Medical Press.*)

Dr. Milian, while serving with the army, made use of a method of treating scabies which, on his return to civil life, he introduced at the hospital St. Louis, for it presents many advantages over the old classic method. Dr. Godet, in a thesis for the University of Bordeaux, has investigated the results of the method when applied to children and particularly to young infants in whom treatment is rendered difficult on account of the sensitiveness of the skin.

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The ointment should be used at night and applied gently.

The next morning the patient should be washed thoroughly with hot water and soap in order to remove the ointment which is irritant for the skin.

The treatment destroys the parasites in the clothes and linen, and therefore these need not be disinfected.

If the case is one of infected scabies the skin should be disinfected during the first twenty-four hours.

As regards results, all the cases treated by Dr. Godet were cured. This method is a great improvement on the old one, for it is very simple, is more easily applied, and as it does not require the disinfection of the clothing and bedding, is much more economical. The only inconveniences are the disagreeable odor of the ointment, and the dermatitis which may supervene either immediately or after a few days' time. The latter, however, is always slight.

They skated together, but little they said, for they'd just been made known to each other. But he wished, as across the bright surface they sped, that through life they might thus go together.

A crash! They were through!

"Oh, how awkward!" cried she.

"'Tisn't deep, but has anyone seen us?"

"Never mind. Let me tell you I love you," said he, "since the ice is now broken between us."—*Medical Standard.*

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BRACE
UP
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As a GENERAL SYSTEMIC TONIC
After LA GRIPPE, TYPHOID, Etc.

DOSE: One tablespoonful after each meal.
Children in proportion.

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Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request.

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IN-B-TWEEN

LITTLE CIGARS

Made from the small leaves of the

LUCIUS and OLYMPIA Cigars

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For Idle Moments

AS IT SOUNDED

Mark Antony called to see Cleopatra, and was told that she was unable to see him.

"But I am Mark Antony," he expostulated. "Tell your mistress that Mark Antony of Rome wishes to see her."

The servant returned with the information: "Cleopatra cannot see you. She is in bed with Tonsillitis."

"That cursed Greek again," muttered Mark.—*J.A.M.A.*

AS SHE IS SPOKEN

Mammie Chloe, busy at her wash tub, was repeatedly urged by her pickaninnies to come to the front gate to see the soldiers.

"G' way, you children, dem aint sojers. De wah's done ober long ago."

The noise of the music grew louder and louder and finally she yielded to persuasion, arriving at the front gate just in time to see the chief personage of the procession.

"Didn't Ah tell you chillun, 'twa'nt no sojers. Yondah's de grand chancre ob de iodoform rank ob de Knights of Syphilis."—J. M. D. in *J.A.M.A.*

"What do you keep the old mule around for? He's no good."

"I know, but he's the only thing around the place now with a kick in it."

GLYCO-HEROIN (SMITH)

For
Coughs
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The adult dose of the preparation is one teaspoonful, repeated every two hours or at longer intervals, according to the requirements of the individual case.

For Children of ten or more years, from one-quarter to one-half teaspoonful.

For children of three or more years, from five to ten drops.

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WHAT IT IS:

A palatable fluid food, partially digested and vitalized by treatment with Nuclein, rich in Iron and Phosphorus-producing elements.

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In all Impoverished Conditions of the Blood, such as Anæmia, General Debility, Convalescence from all diseases, etc.

WHAT IT CONSISTS OF:

Vegetable Neucleoalbumin (from which the blood and nerves obtain their needed supply of iron and Phosphorus) reinforced by Beef Peptones and Bone Marrow Extract.

WHAT IT WILL DO:

It enriches the blood, increases the weight and red blood cells, and enhances nerve action.

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TORONTO.

Reviews

The Endocrines. By SAMUEL WYLLIS BANDLER, M.D., F.A.C.S., Professor of Gynecology in the New York Post-Graduate School and Hospital. Octavo of 486 pages. Philadelphia and London: W. B. Saunders Company. 1920. Cloth, $7.75 net. The J. F. Hartz Co., Limited, Toronto, Ont.

This book adds distinctly to the literature on the Endocrines. It may help materially in solving intricate problems in diagnosis and be of decided help in treatment.

A Manual of Pathology, fourth edition. By GUTHRIE MCCONNELL, M.D., Associate in Pathology, Western Reserve University, Medical School, Cleveland, Ohio. Fourth edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company. 1920. Cloth, $4.50 net. The J. F. Hartz Co., Limited, Toronto, Ont.

This is now a volume of 611 pages, with 18 illustrations. It is one of those books which prove of practical value to medical students.

Practical Preventive Medicine. By MARK F. BOYD, M.D., C.P.H., Professor of Bacteriology and Preventive Medicine in the Medical Department of the University of Texas. Philadelphia and London: W. B. Saunders Company. 1920. Cloth, $4.00 net. The J. F. Hartz Co., Limited, Toronto, Ont.

There are 352 pages in this volume, and 135 illustrations. An effort has been made to represent the mini-

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Presents a new principle in the conquest of chronic constipation—that of treating the bowel contents rather than the bowels themselves. Corrects the physical condition of the intestinal mass — restores its normal bulk and softness—and the bowels resume their natural functioning. REGULIN is a true bowel corrective.

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Physicians requiring accuracy in compounding prescriptions and prompt delivery of medicines will find Moore's stores efficient.

mum of knowledge on the subject which is required by a medical student or general practitioner. Therefore a great condensation has been effected.

Chemical Pathology, fourth edition. Being a discussion of general pathology from the standpoint of the chemical processes involved. By H. GIDEON WELLS, Ph.D., M.D., Professor of Pathology in the University of Chicago, and in the Rush Medical College, Chicago. Philadelphia and London: W. B. Saunders Company. 1920. Cloth, $7.00 net. The J. F. Hartz Co., Limited, Toronto, Ont.

A book of 695 pages, revised and re-set. Herein will be found the growth of interest in chemical problems of medical and biological science.

Basal Metabolic Rate Determinations. Laboratory Manual of the Technic of Basal Metabolic Rate Determinations, by WALTER M. BOOTHBY, M.D., and IRENE SANDIFORD, Ph.D. Section on Clinical Metabolism. The Mayo Clinic, Rochester, Minnesota, and The Mayo Foundation, University of Minnesota. Philadelphia and London: W. B. Saunders Company. 1920. Cloth, $5.00 net. The J. F. Hartz Co., Limited, Toronto, Ont.

This book deals with a new method of precision—indirect calorimetry. It will be found of practical value in diagnosis.

"The D&L" TRADE MARK

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CONVALESCENCE

In convalescence, after influenza, pneumonia, etc., physicians of experience know the value of what are known as tonics for improving the nerve tone, the oxygen carrying power of the blood, by increasing the iron content, and stimulating the appetite and digestion, so that the whole organism is aroused to throw off the poisonous products of disease and the building up of healthy tissue throughout the body.

Prescription 1920, which contains the hypophosphites combined with strychnine and quinine, will fulfil the requirements at that time.

SPECIAL NOTE.

Prescription 1920 is supplied in the form of a syrup and is also put up without sugar for use in cases where sugar is contra-indicated as in diabetes.

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Prepared in Canada by Davis & Lawrence Co. Mfg. Pharmacists, New York & Montreal.

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DRAGÉES GÉLINEAU are an **antinervine agent of the most rational type,** being an association of **Bromide of Potassium, Arsenic and Picrotoxine.** The Bromide diminishes the reflex sensibility of the nervous system and the congestive predisposition of the cerebrum in **EPILEPSY.** The Picrotoxine has its action on the convulsive and spasmodic tendencies of neurotics, and finally, the arsenic is the repairer of the nerve cells.

It is with perfect frankness, and with the utmost sincerity that, without pretending to cure every case of Epilepsy, we recommend to the medical profession **GELINEAU'S DRAGEES,** which have given to their inventor the most complete satisfaction for 30 years and have earned for him the gratitude of numerous sufferers. **GELINEAU'S DRAGEES** offer to the practitioner a superior weapon, giving him the possibility of a triumph in ordinary cases, and in all cases the certainty of at least a marked improvement.

GENERAL AGENTS FOR CANADA:

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News Items

Dr. E. M. A. Savard recently conducted an investigation into the smallpox situation in Hull, Quebec, and Ottawa. Dr. Savard is the Inspector-General of the Superior Board of Health of Quebec. Compulsory vaccination may be ordered in Hull, and quarantine against Ottawa to prevent the spread of the disease.

It is understood that the University of Toronto will grant a site for a new Reception Hospital near the General Hospital. In return for the site the University will ask that the hospital be maintained as a clinic for instructional purposes, but it is considered doubtful if the Government will acquiesce.

In 1906 seventy persons died in Hamilton, Ontario, with tuberculosis when the population was 59,000. In 1920, when the population had risen to 115,000, there were forty-six deaths from tuberculosis.

The Toronto Board of Control has voted $90,000 toward meeting the deficit of the Hospital for Sick Children.

Dr. Cameron A. Warren, Toronto, is likely to succeed Dr. J. T. Phair as Director of School Medical Services under the Department of Health.

According to the report issued by the Academy of Medicine, Toronto, on the Glover cancer serum, the Special Committee is not favorably impressed with its value.

Made in Canada

ACETOPHEN---

Antipyretic —Analgesic —Antiseptic

¶ The well-tolerated substitute for the salicylates.

¶ In tablet or powder form.

¶ Accepted by the Dominion Government as meeting all tests for Aspirin.

¶ The name Acetophen will identify "Frosst's" products where the German name Aspirin has heretofore been used.

¶ Kindly specify Acetophen if you prefer "Frosst's" Products.

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Dominion Medical Monthly

And Ontario Medical Journal

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GEORGE ELLIOTT, MANAGING EDITOR.

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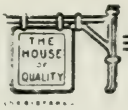
COMMENT FROM MONTH TO MONTH

Glover's Cancer Serum has created considerable interest, not only in Canada, but throughout the United States, and perhaps in other countries. It is not to comment on the merits or demerits of the work done by Dr. Glover, of the cures which may have been effected, or of the improvements which may have taken place. Rather is it to comment on the widespread newspaper propaganda brought about, perhaps all unfortunately, by too eager reporters in the cause of humanity at large, or for the sake of a scoop and copy.

When scientific medicine runs amuck like this cancer serum has done, the medical profession cannot pride itself in either science, medical education, or medical ethics; and it yet remains to be proven whether humanity is to benefit, or humanity is to suffer through disappointments. While the experimental phase was in progress, the medical press seemed to be content to wait. Not so the newspaper press. There were



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Sweater Coats, Knitted Vests
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Montreal **Winnipeg**

flaring headlines, columns upon columns of write-up; and not yet have there been any communications to the medical press from the fountain source of it all. It is difficult to believe that everyone in connection with the serum had a disinterested eye wholly in the cause of medical science and humanity.

What does all this widespread gratuitous advertising of a scientific discovery in medicine portend? What bearing is it to have on the future of medicine? And when medicine is said, is it not to include therein humanity, and all the benefits that must accrue to the human race? Is the public to be stampeded by the newspaper press upon any and every occasion where a new and wonderful "cure" is hinted at? If so, the newspaper press must be held responsible. Or, on the other hand, are safe and sane methods to be pursued in regard to scientific discoveries in medicine, similarly to what has heretofore obtained? It is believed that the safe and sane methods, though tortoise-paced, will always be found the best—individual investigations confirmed by responsible bodies.

Every newspaper, metropolitan at least, should have a medical editor on its staff. The amount of medical matter included in the news items of these nowadays demands this procedure. It is vogue in first-class newspapers in the United States. There are many who hint in these unusual times that the freedom of the press has run riot. While the newspaper press exercises great sway, there is no one apparently bold enough to advocate that the freedom of the press be curtailed. But the press should be wisely governed, perhaps more wisely now than ever before. Several times, years ago, some such editor was advocated in these pages. Is it not time that medical societies

To Relieve Pain

is not only the first consideration of the physician, but almost invariably the most urgent and insistent demand of the patient. It is, therefore, a matter of great satisfaction to many medical men that in

PHENALGIN

they have an analgesic that enables them to meet this demand so effectually without embarrassing the heart or circulation, disturbing the digestion, suppressing the secretions, producing constipation, or presenting the slightest danger of creating a drug habit.

Countless physicians, therefore, are to-day discarding the opiates and turning to Phenalgin as the safest and most dependable anodyne for relieving *headaches, neuralgia, rheumatism, myalgia, lumbago, migraine, la grippe,* and painful conditions generally.

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M60

undertook and considered, on behalf of the public, the medical editor on the staff of the daily newspaper? When the medical profession is well-seized of a reform in the interests of the public, they gain headway and accomplish results. By uniting among themselves and uniting with the newspapers, the newspapers will be found, so far as the public is concerned, eager and willing to govern themselves.

THE THERAPEUTIC USE OF METHYLENE BLUE

(*Medical Record.*)

It is somewhat to be regretted that methylene blue in therapeutics has been neglected of late, although it is evident that the very numerous uses to which this drug has been put have met with varying success. It is evident that renewed researches are required in many circumstances, as for example the exhibition of this hydrocarbon in the treatment of the acute stages of nephritis, certain forms of pulmonary tuberculosis, tuberculous adenitis, hyperchlorhydria, gastralgia, etc. In these morbid processes the cases published have been too few and not sufficiently conclusive to settle the question of the efficacy of methylene blue, but it must be admitted that further assays would be highly interesting and merit being pursued. The question is quite different in those affections in which methylene blue has been used as an analgesic, antiseptic, or antimalarial. In painful diseases the good effects of the drug are unquestioned and as an antimalarial sufficient testimony has been forthcoming to show that—although it is not a specific—its effects are sometimes equal to those of quinine. As an antiseptic this medicament has shown itself potent, and

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the results obtained in urethral and vaginal gonorrhea, purulent cystitis, and ocular affections are proof of this, likewise the coloring affinity of the drug for the majority of pathogenic bacteria. Therefore, it can be distinctly regarded as an excellent analgesic, antiseptic, and antimalarial. Methylene blue possesses an evident action on neoplastic tissue, but it cannot be regarded as by any means specific. In these circumstances its antiseptic action favors tissue repair and, perhaps—but this is merely an hypothesis—a special trophic action on the nerve endings allowing the epithelial structures to assume a normal growth and vitality. Thanks to this action—although as yet unexplained—methylene blue combined with curettage of the morbid structures may result in durable cure of cutaneous epitheliomata. When combined with radium application in recent cases a rapid cure may be looked for, while in old cases, with extensive tissue destruction the drug may still be preferred to excision or it can be used as preparatory to excision, which is unquestionably the procedure of choice when feasible. In cases of palpebral epithelioma with invasion of the angles of the eye, especially the internal angle, the treatment becomes a more delicate matter; it lasts longer, but the ultimate outcome is generally quite as good. Nothing is less known than the action of methylene blue on malignant neoplastic tissue, and this applies to all drugs so long as the pathogenesis of cancer remains an unknown quantity. But although this action is unknown the therapeutic results obtained can be appreciated.

FORMULA

Guaiacol 2.6, Formalin 2.6, Creosote 13.02, Quinine 2.6, Methyl Salicylate 2.6, Glycerine and Aluminum Silicate, qs. 1000 parts, Aromatic and Antiseptic Oils, qs.

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"I have reduced the mortality seventy-five per cent. by its usage, as it delivers the reaction on the circulation essential to recovery.

"It certainly has within its formula all that could be expected, and the most benefiting medicinal agents. The formula cannot be excelled. I also use it by adding mercury in specific bubon.

"All who doubt this agent should just try it for a change."

— Dr. J. M. H., Texas.

Pneumo-Phthysine Chemical Company

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Publisher's Department

CONTROLLING ANESTHESIA

When a solution of a local anesthetic is injected into a tissue its effect is limited by the rapid dispersion of the fluid; that is, the fluid is absorbed and carried off by the circulation, and the anesthesia is of short duration. True, the surgeon can control this condition when operating upon an extremity, as a finger, by throwing a ligature around the member, but even that procedure is open to objection.

If a means could be devised to hedge about the area of operation without engorging the tissues, such a device would be in insistent demand. No mechanical invention has yet offered itself, but we have an almost perfect check on the rapid absorption of the anesthetic in Adrenalin. This substance is readily soluble; it is compatible with all local anesthetics, physically, chemically and physiologically; and it is not irritant. Furthermore, it controls hemorrhage, and, in operations on the mucous membranes, affords the operator a clear view of the field. By limitation of the absorption of the anesthetic it is possible to do an operation with less of the drug, and thereby the risk of toxic effect is minimized.

This subject is dealt with more at length in the advertising section, where the reader will find the fifth of the series of short articles on Adrenalin, to which we have had occasion to refer in previous issues of this journal. A perusal of the article and its preservation for future reference are suggested.

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Concentrated in Vacuo and in the Cold
in Saccharo-Glycerinated Solution

CARNINE LEFRANCQ

The most Powerful Restorative

ANÆMIA
CHLOROSIS
DISEASES
of the STOMACH
and INTESTINE
ANOREXIA

Bottles of three Dimensions

DEBILITY
NEURASTHENIA
All FORMS of
PHYSICAL
DEPRAVATION
CONVALESCENCE

TUBERCULOSIS

From 1 to 4 tablespoonsful daily, at any hour, either PURE or mixed with any kind of liquid COLD or TEPID.

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GENERAL DEPOT :
ÉTABLISSEMENTS FUMOUZE, 78, Faubourg Saint-Denis - PARIS

TREATMENT OF GONORRHEA

(*Charlotte Medical Journal.*)

Inasmuch as the essential pathologic lesion of the chronically inflamed urethra is an infiltration of its submucosa, the essential treatment of chronic urethritis, according to Edward L. Keyes, Jr., New York (*Journal A.M.A.*, Nov. 13th, 1920), is dilatation which shall be made to simulate massage as nearly as possible—dilatation applied both to the anterior and to the posterior urethra so far as the inflammation affects both portions of the canal. Dilatation should not cause bleeding; for bleeding is evidence of laceration, laceration is the occasion of infiltration, and infiltration is the lesion that we are seeking to relieve. Dilatation should not attempt to stretch scar tissue, because scar tissue cannot be stretched. The anterior urethra may profitably be dilated to from 28 to 32 F.; the posterior urethra (by means of the Kollman dilator) to from 33 to 38 F. The intervals between treatments should be from five to ten days. The application of injections and irrigations, however antiseptic, to the surface of the urethral mucosa can have but little effect on its pathologic processes. A mild urethral discharge may be controlled by a mild injection, and for this purpose astringent injections of zinc sulphate and similar substances are far more efficacious than are the antiseptics. If the treatments are gentle, it is often quite as well not to introduce any antiseptics into the urethra; but when beginning with a patient, or if there is any possibility of a reaction following the treatment, an antiseptic which washes out the major number of bacteria and tends to diminish the vitality of others is worth while. While massage of the prostate and seminal vesicles is the best substitute for the processes of nature, dilatation is always the essence of the treatment of chronic urethritis.

HEMORRHOIDS FISSURE FISTULA

IN practically every case of hemorrhoids, fissure, fistula, proctitis, prostatitis, etc., there is a history of constipation. One primary indication for treatment is to maintain free, easy bowel movements without straining.

Nujol is the ideal agent for such purpose. It promotes peristalsis by softening, moistening and lubricating the feces. It is an emollient that protects and soothes irritated and inflamed mucus.

Nujol brings about and maintains regular, easy bowel movements. Can be given for any length of time in any dose required.

Nujol

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Please send me booklet "The Treatment of Hemorrhoids", and sample of Nujol.

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Dominion Medical Monthly

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Single Copies 20 cts.

lume 56 TORONTO, MARCH, 1921 Number 3

Adrenalin in Medicine

6—In Endocrinology

THE action of Adrenalin is so fleeting as to narrow the scope of its utility in organotherapy. Its important place in clinical endocrinology is that of a diagnostic indicator of deviations from the normal secretory activity of certain glands.

Hyperthyroidism can be detected by the Goetsch test. This test is based on the fact that thyroid secretion sensitizes the sympathetic nerve endings to the action of Adrenalin. The technique consists of the subcutaneous injection of 0.5 cc Adrenalin 1:1000 and the subsequent observation of objective and subjective phenomena.

Blood-pressure readings are taken over a period of one and one-half hours at intervals varying from two and one-half minutes at the beginning of the reaction to ten minutes at the end. In positive cases the systolic blood-pressure rises at least ten points during the first fifteen minutes with an accompanying increase of about ten beats a minute in the pulse-rate. Soon there is noted a slight fall in systolic pressure and then a secondary rise. In about ninety minutes the blood-pressure is back to normal.

The subjective symptoms are sometimes striking. There are heart consciousness, apprehension, and marked tremor and pallor occasionally followed by flushing and sweating. The greatest diagnostic importance of the Goetsch test is in distinguishing cases of mild hyperthyroidism from those of incipient tuberculosis.

A satisfactory test for suprarenal function can be performed by injecting subcutaneously fifteen to twenty minims of Adrenalin 1:1000 and estimating the consequent variations in blood sugar. In cases of suprarenal irritability there is an increase in blood sugar which comes on in about thirty minutes and lasts for several hours. A transient glycosuria may likewise be noted.

Loewi's test for pancreatic diabetes is dependent upon the fact that the suprarenal glands and the pancreas are physiological antagonists. In pancreatic diabetes there is impairment if not destruction of the secretory cells which allows certain Adrenalin effects to be more pronounced. One or two drops of Adrenalin 1:1000 should be instilled into one eye. In positive cases—cases of pancreatic insufficiency—there will be a prompt dilatation of the pupil.

ADRENALIN P.D.&Co. TRADE MARK

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As a deodorizing, antiseptic lotion

As a gargle, spray or douche

As a mouth-wash-dentifrice

Operative or accidental wounds heal rapidly under a Listerine dressing, as its action does not interfere with the natural reparative processes.

The freedom of Listerine from possibility of poisonous effect is a distinct advantage, and especially so when the preparation is prescribed for employment in the home.

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66 GERRARD ST. EAST TORONTO, ONTARIO

B&B Adhesive Plaster

A Spool for You

We wish to supply every physician or surgeon a 5-yard spool of B & B Adhesive. Yours is waiting if you have not written for it.

B & B Adhesive is one of our master products. It will indicate to you how all our creations excel.

One expert perfected the formula, one the rubber base, one the spreading methods. And each has spent over 20 years on his part.

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Foreword

So very frequently does one hear the expression—he is a very clever man, a very clever physician! The word "clever" seems to especially imply an aptitude for study or learning and for excellent, though perhaps not pre-eminent, mental achievement. Thus there may often be an excessive use of this word, whereas a discriminating use of such words as able, gifted, talented, etc., is greatly preferable. It is quite possible to find somewhere a patient who believes that his or her physician is the cleverest that ever happened. It is equally true that the term is often applied where the meaning of the word is not fully comprehended. When the word clever is used in the sense of able, in general it signifies more than capable, more than well-informed, whether applied to a man of learning, a physician, or a judge. Voltaire described or defined an able man as one who makes a great use of what he knows; and that a capable man *can* do a thing, but an able man *does* it. While very many men may become good physicians, one is apt to look askance at a physician denominated clever who is not looked upon by his associates as possessing more than the ordinary average of ability. Indeed, the public seems to consider that the physician who is successful in attracting numerous patients is the clever one, and oftentimes cares nothing about his aptitude for study or learning, or any pre-eminent mental achievement. Witness the frequent monetary achievements of quacks! Toward this latter form of success a man may be clever in that he possesses an unusual knowledge of human nature. Medical men should consider that they are doctors of medicine first, last, and all the time.

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Dominion Medical Monthly
And Ontario Medical Journal

Vol. LVI. TORONTO, MARCH, 1921 No. 3

Original Articles

THE MANAGEMENT OF BREECH PRESENTATION

(*New York Medical Journal.*)

In the January 29th, 1921, issue, the author, William Pfeiffer, M.D., Brooklyn, New York, arrives at the following conclusions:

1. Breech may be corrected oftener than commonly supposed and external version should be attempted, unless the etiology makes this impossible.

2. There is a definite mechanism for buttocks, shoulders and head with spontaneous delivery often occurring. Hence, until positive indications arise in either the mother or the child, interference is not only meddlesome, but dangerous, as it may make a difficult case of a simple one, seriously endangering the life of the child.

3. Of importance in the management of spontaneous delivery of breech are a fully dilated os and a well stretched floor. In breech extractions this importance is strongly accentuated.

4. A proper assistant in all cases is urged, as expression is better than traction.

5. Caesarean section occasionally may be necessary, but this is because of associated anomalies rather than the breech presentation.

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TREATMENT OF GRAVES' DISEASE

(*The Medical Standard.*)

Hoover, in the *Ohio State Medical Journal*, remarks that the etiology of the disease is unknown. We have very strong evidence to show it is not thyrogenic, and about all the positive knowledge we have on the subject indicates that hyperthyroidism is not associated with the disease. Should, however, the disease be thyrogenic in origin, it must be some form of hynthyroidism, but we have no direct evidence to indicate that dysthyroidism exists. Dysthyroidism up to the present moment is a mere fancy. As these patients are weak, and the ability for both mental and physical labor is very greatly reduced, the only clearly logical method of treatment is to give them rest. But what may be rest for one person is not rest for another. Confinement to bed may not amount to rest; it may be a mere annoyance. Confinement to bed may not mean rest to the patient any more than confinement in a straight jacket will amount to rest. If the patient is discontented and unhappy, and is unwilling to co-operate on such a basis, rest will not be attained by confinement to bed. I recall one patient with severe Graves' disease who grew decidedly worse after two weeks' confinement to bed. She was then allowed larger liberties and made a complete recovery. It may be necessary for many patients to abstain from active work over periods of one to five years, but the vast majority of them make good recoveries.

The use of the X-ray has received the approval of a number of writers within the past few years, but the results differ so little from those obtained by the observance of rest that the writer is disposed to look with much skepticism on the value of radiotherapy. It

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is a justifiable method of treatment and one which we employ, but thus far our experience has not been sufficiently reassuring to justify any announcement of decided success in the treatment of Graves' disease.

We must have a definite understanding of what we are treating in a case of Graves' disease. Are we treating the disease as an entity or are we treating a thyroid gland? The X-ray and iodine in various forms may be employed for the direct treatment of the thyroid gland.

In this respect the marked immediate relief experienced after the operation proves a dangerous factor, for the patient is encouraged thereby to believe that his cure is already accomplished. A post-operative period of a nursery regimen, which is prolonged in proportion to the severity of the disease, followed by gradually increasing activity, is as essential to ultimate cure as the operation itself.

Protection of the Internal Respiration.—In advanced cases of exophthalmic goitre the internal respiration is abnormally sensitive, as is indicated by the adrenalin test (Goetsch), and by the baneful effects of diminished exchange of air under the stress of emotional excitement or in the presence of physical injury. It is obvious, therefore, that in addition to the elimination of the factors listed in the above section, the internal respiration must be especially guarded throughout the operation, which should be graded according to the severity of the disease. In moderate cases the entire operation may be safely performed in one seance under light nitrous oxid-oxygen anesthesia; while in more severe cases, the operation should be performed in successive steps, varying from a single preliminary ligation to multiple steps in the extremely

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grave cases—ligation of one vessel, ligation of the second vessel, partial lobectomy, complete lobectomy, with an interval of a month or more between each two of these stages. In the worst risks, suboxidation from the inhalation anesthetic may be minimized by operating upon the patient in bed, under nitrous oxide analgesia and local anesthesia. If, even with these safeguards, the pulse during the operation runs up beyond the safety point, the operations may be stopped and the wound dressed with flavine gauze, which will hold the wound in statu quo for a day or two, until conditions are safe. In some cases, even though the gland has been resected it may be best to dress the unsutured wound with flavine and make a delayed closure the following day under analgesia.

Maintenance of Adequate Water Equilibrium.—In proportion to the increase in metabolism the consumption of water within the organism is increased. It becomes of vital importance to offset this by an increased intake of water. Water by mouth is urged, and in grave cases additional amounts—from 2,000 to 4,000 c.c. are given by hypodermoclysis. In the latter case special precaution should be taken to minimize local discomfort by the use of local anesthesia before the needle is inserted. These patients do not tolerate well the administration of water by rectum.

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HAIR RESTORATION BY THE USE OF SPECIAL FOODSTUFFS

(*The Lancet.*)

The numerous fraternity who prescribe for the common complaint of baldness usually depend on the various remedies applied locally, or they make use of so-called strengthening remedies given internally—such as arsenic or iron. N. Zuntz, the distinguished chemical physiologist of Berlin, takes a wider and, perhaps, more philosophic view as to the conditions likely to influence the growth of hair or wool. He recalls the fact that in the early decades of the nineteenth century the question was raised as to whether the woolly coat of a sheep could be improved by the nature of the diet. Proceeding on the supposition that given an increased supply to the hair papillæ of the proximate organic material out of which is manufactured keratin—the organic basis of certain epidermic appendages—it might be possible to influence favorably the growth of wool and hair.

There are several varieties of the scleroprotein keratin, but they are all characterized by their large and loosely-combined sulphur in the form of cystin, and in this and other respects are easily distinguished from other proteins and even scleroproteins. They are indigestible, but may be hydrolysed, and the hydrolysed products so far as energy is concerned if added to a dietary may replace about ten per cent. nutritive nitrogen, much after the manner of gelatin in a dietary. A. Loewy records the results on four sheep and a man when these hydrolysed products were added to the daily dietary. Two of the sheep received daily in addition to their usual food 10-15 g. of these keratin

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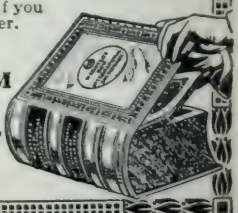

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derivatives. As a result the wool fibres became more firm, their cross section increased from 6.92 to 8.15a, and the length was increased somewhat. In man—Zuntz himself—before the experiment the daily growth of new hair—head and beard—was calculated as 5 mg. With the daily addition of 1-1.5 g. of the hydrolysed products to the dietary, in the first four weeks the amount was 6.3, and in the subsequent four 9.22 mg. Even after the withdrawal of the keratin products the increase in the growth of the hair continued for several months. Naturally in a country of such inventive chemical activity and "ersätze," little time was lost in the practical application of the discovery. The hydrolysed products were put on the market under the name of "Humagsolan," and so "Humagsolan-therapie" was introduced. But obviously even this incentive to growth is not applicable to all cases of loss of hair or baldness, as pointed out by Blaschko. If the hair papillæ are atrophied—the ground, as it were, wanting—no favorable result is to be expected, and it must be remembered that in cases of acute and rapid loss of hair there are some cases of spontaneous recovery. Blaschko came to the conclusion that the best cases for study are those where loss of hair is due to chronic seborrhea, and that humagsolan is actively beneficial in such cases. It is also beneficial in trichorrhexis, and it was effective in one case of old atrophic disease of the nails. It will rest with the dermatologists to test the possibilities as a therapeutic keratin-stimulating and growth-furthering agent of this latest product of German organic therapeutism.

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TREATMENT OF HYPEREMESIS OF PREGNANCY

(Can. Med. Ass'n. Jour.)

F. Rathery and F. Bordet, *Annales de Medecine*, 1920, Vol. VIII, p. 92, report four cases of uncontrollable vomiting of pregnancy, persisting for from one to two months, with extremely severe symptoms, cured by adrenalin hydrochloride, after all other methods of treatment had failed. This was given in from one to two milligrammes daily for from four to seven days, either hypodermically (in 250 c.c. of normal saline), or per rectum, or when possible by mouth. Vomiting ceased at once; acidosis disappeared, and blood pressure was practically unaffected, no matter by what method it was administered. They found that intravenous injections of glucose failed to affect the acidosis as much as did the adrenalin injections.

Dr. A. B. Macallum, administrative chairman of the Research Council, has been appointed to the new Chair of Bio-Chemistry in McGill University.

Dr. Robert Shearer, who practised medicine in Milwaukee for many years, but who was living retired at Walsh, Norfolk County, Ont., was crushed to death on Sept. 28th.

They had just become engaged.

"I shall love," she cooed, "to share all your griefs and troubles."

"But, darling," he purred, "I have none."

"No," she agreed, "but I mean when we are married."

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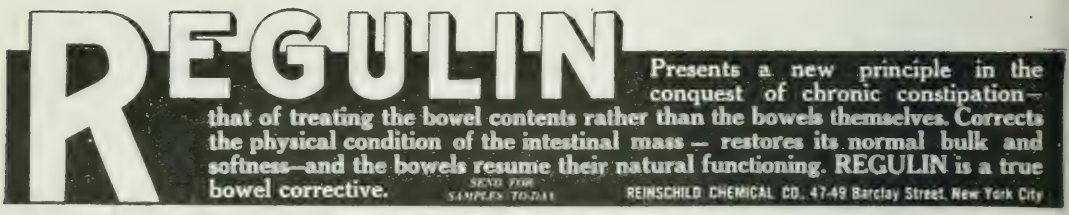
Sandy had been staying with some friends for about a month, and while he and his host were out for a walk one day they called at a wayside inn for a drink.

As his host was about to pay for the same, Sandy stopped him.

"No, no," he said, "I'll not allow it; ye've been keeping me in everything at yer hoose for a month, and you've treated me to the theatres, and cab fares, and paid for all the drinks. I tell ye, I'll hae na mair of it; we'll hae to toss for this ane."

"In case you marry my daughter, what are your prospects?"

"From what I can learn by observation, sir, it will take all the cash you can let me have to keep her in clothes."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Reviews

Practical Psychology and Psychiatry. By C. H. Burr, M.D., Medical Director of the Oak Grove Hospital, Flint, Mich., U.S.A. Fifth edition. Philadelphia. F. A. Davis.

To the medical student and general practitioner, this book will be found of good value. The chapters on psychology are fundamental, and the chapters on psychiatry are practical and succinct.

International Clinics. Volume IV. Thirtieth Series, 1920. Philadelphia and London: J. B. Lippincott Co. Montreal office, 201 Unity Building.

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SPECIAL NOTE.

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News Items

All military patients at Speedwell Hospital, Guelph, Ontario, have been transferred to Christie Street Hospital, Toronto, and Speedwell, formerly the Ontario Reformatory, reverts to the Ontario Government. It will be used as a hospital for the insane.

Smallpox is said to be declining in Ottawa and Hull.

A new hospital wing is being constructed for Indian patients at the Lady Minto Hospital, Cochrane, Ont.

A movement is on foot to provide for the admission of French preparations of Salvarsan into Canada.

The Board of Control, Toronto, has voted $90,000 to cover the deficit of the Hospital for Sick Children.

Dr. John Beattie Crozier died in England on January 8th. He was at one time a house surgeon in the old Toronto General Hospital, Dr. R. H. Robinson of Toronto being the last surviving member of that class.

Very much sympathy is being expressed for Dr. John Taylor Fotheringham on the death of his wife.

Among members of the medical profession there have recently been some notable deaths: Dr. Hugh Macallum, London, Ont., brother of Dr. A. B. Macallum; Dr. Hugh S. Bingham, Toronto, formerly of Cannington, Ont., brother of Dr. George A. Bingham; Dr. William J. Greig, Toronto, one of the physicians to the Toronto Police; Dr. Gerald O'Reilly, Hamilton, brother of the late Dr. Charles O'Reilly, and uncle of Dr. Breffney O'Reilly, Toronto.

Dr. William H. Pepler has been elected chairman of Convocation of Trinity University.

Dr. Allen Baines, Toronto, is in Jamaica and is improving in health.

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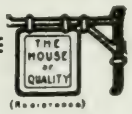
COMMENT FROM MONTH TO MONTH

When will the Medical Profession in Canada Become an Organized Body? As Dr. Addison, Minister of Health of Great Britain, informed a deputation of the British Medical Association, "he was not going to consult with a half-dozen different bodies, each claiming to represent the profession," adding that "if you want us to consult you, get busy, and set up some machinery whereby you can readily be consulted." If the medical profession in Canada wish to procure attention for their views they must agree together first.

In Canada the medical profession is confronted with just such an *impasse*. There is no organized medical body which can claim to represent the medical profession of Canada. While it is known there are sporadic attempts being made to bring about union of the profession in Canada, the mass of the profession awaits calmly the outcome. There is no direct interest manifested other than amongst a few here and there. An



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organization of the medical profession in Canada must embrace all of Canada—all the provinces.

To bring this about there should be first of all some one, or some body, to take the initiative. A conference should be held for preliminary discussion. Being composed of members from each province, the Dominion Medical Council would seem to be the proper body to take the initiative and arrange for a conference. To that conference should be delegated one or two members of each provincial medical council; one or two members of each provincial medical association; one or two members of the national medical body.

Here, then, is a basis upon which co-operation might proceed and union in the profession in Canada ultimately be attained.

At the present time the medical profession in Canada is equivalent to a republic without a government, and a body without an accredited government cannot be recognized by the State. This is the position which must be faced in the Canadian medical profession. Internecine differences must be faced and dissipated, and unanimity must prevail if the views of the medical profession are to be completely represented in the councils of the country, particularly in all matters of health welfare. Surely some arrangement or federation of all existing medical bodies can be brought about which will give the status to the medical profession of Canada of which it is worthy.

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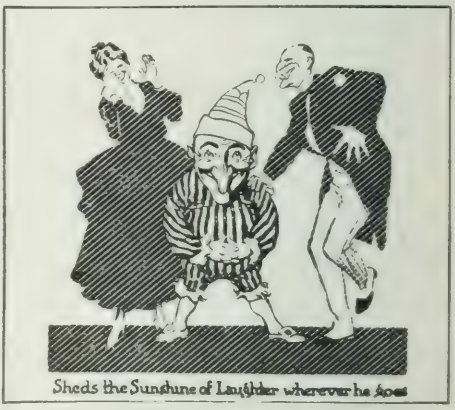

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WHAT IS A NORMAL BLOOD PRESSURE

Nowadays, aside from the estimation of pulse rate and the determination of body temperature, few measurements are made more frequently than is the record of blood pressure. Obviously, then, it becomes of great importance in clinical medicine to be able to evaluate the data thus obtained with respect to the condition of the circulatory organs. The observer cannot remain content with mere data; he inevitably asks himself what the norms of health are and what deviations mark the borderline between the normal and the pathologic. In other words, prognosis and intelligent advice to patients may depend in no small measure on a correct understanding of manometric observations of blood pressure. If it is true, as clinicians of experience have ventured to assert, that fifty out of a hundred men will die of cardiovascular disease, a condition in which hypertension plays a conspicuous part, the study of its genesis must become one of the foremost efforts of preventive medicine; and in this investigation the statistics of blood pressure are bound to be significant.

Blood pressure varies with age as well as with other factors that enter into human life. Various "rules" have been proposed for taking into account the physiologic deviations that affect the tension in the blood vessels. Thus, it has been asserted that the normal pressure for any age is roughly 100 mm. of mercury plus a figure represented by the age in question. The "norms" seem to be changing as physicians are acquiring an increased familiarity with the subject. In 1913, a capable observer placed the upper limit of normal systolic pressure at between 150 and 160 mm.:

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within two years he revised his estimate so as to regard a pressure of more than 135 mm. up to middle life as pathologic hypertension. What shall we regard as a correct dictum for 1920?

It might seem like a relatively simple task to establish physiologic values for blood pressure as they have been satisfactorily ascertained with respect to body temperature, for instance. Large numbers of presumably healthy persons of different ages could be examined, as indeed they have been for a diversity of purposes. Numerous life insurance examination data, figures from army recruits, measurements of candidates for athletics, etc., are available. Careful consideration, however, points to the conclusion that most of such groups are likely to represent special categories of persons, and thereby would tend to make deductions somewhat uncertain in their broadest application. Instead of a record of "selected applicants," some fairer method of sampling mankind would be more accurate.

An ideal way, Alvarez* recently wrote, would be to examine every tenth individual passing a certain point on a busy street. Different strata of society might be sampled by choosing streets in different parts of the city and also by choosing different cities. Unfortunately, such methods are not practicable at present. The next best thing probably would be to study the young people gathered together in the public schools and colleges. Particularly in state universities where tuition is free it would seem that the student body should represent a fair sampling from the more intelligent part of the community. Alvarez has had the exceptional opportunity to study a statistical analysis

* Alvarez, W. C.: Blood Pressure in University Freshmen and Office Patients, Arch. Int. Med. 26: 381 (Oct.) 1920.

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of the blood pressures of several thousands of freshmen of both sexes at the University of California. From these it appears that the blood pressure in young women is much more uniform than in men. The range for the women was practically from 85 to 155; for the men it was from 90 to 175. Fifty per cent. of the women's readings fell between 105 and 119 mm.; 50 per cent. of the men's fell between 116.5 and 136.5 mm. High blood pressure appears earlier and to a greater degree in young men than in young women.

Such are the figures. Ranges of data may include the abnormal as well as the healthy normal. A mathematical interpretation of the valuable California data suggests that pressures over 130 mm, for the women and over 140 mm. for the men are abnormal. The arithmetical mean for women between 16 and 40 was 115 mm.; for men, 126.5 mm. From clinical experience, Alvarez concludes that pressures over 127 in women, and over 130 in young men, are indicative of a hypertensive diathesis which is associated with many typical symptoms and findings.

It may be, and presumably will be, objected at once that such statements contradict experience—that many persons outlive the unfavorable prognosis that is based on such low values for the borderline of perfect health. However this may be, we must be prepared to examine dependable data for any evidence of early deterioration of present-day man, wherever it may lead us. Abnormality need not be ignored because it is not always synonymous with death. Real facts are often worth following, wherever they may lead.—*Jour. A.M.A.*, Dec. 11, 1920.

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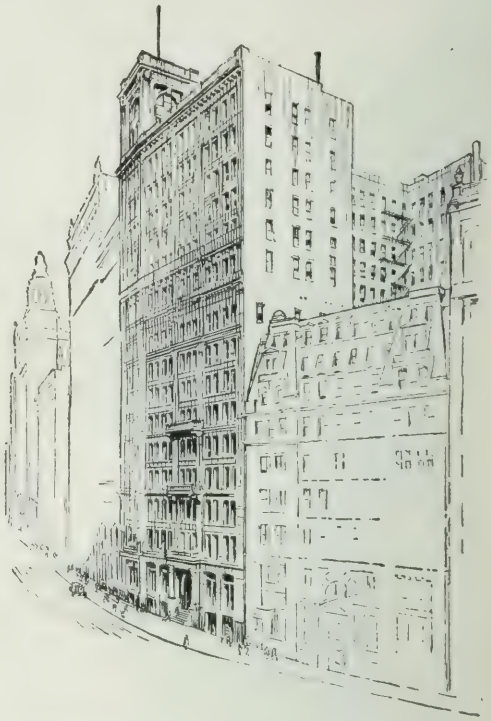
PSYCHANALYSIS

(*Jour. A.M.A.*)

Recently the minister of a prominent church in Chicago was asked by the head of the social work department to put his approval on the establishment of a lecture course on psychanalysis. Being in doubt, he conferred with several medical men of his congregation. Finally a neurologist settled the matter by saying: "By all means have it. It should prove very popular. Half the congregation is already crazy and the other half is en route to the asylum." The jest was not wholly a jest. People are paying too much attention nowadays to their MINDS. An abnormal interest in the workings of one's own mind produces either an introspective philosopher or a "common nut." When the interest is related more or less distinctly to a concealed but nevertheless obvious fascination for cogitation on things sexual, it has elements of danger. Physicians are beginning to wonder where the normal interest of the layman in these subjects ends and the scope of the psychiatrist commences. We are flooded with books on the subject by lay psychanalysts; the "movies" picture it; the theatres dramatize it; the churches have lectures on it. In the not too distant future this psychanalytic craze, if it continues, will make the medical psychiatrist a very busy man.



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Foreword

CONSISTENCY, thou art a jewel! It means to be fixed; not fluid; agreeing together; uniform in thought or action. Specifically, consistency implies the absence of conflict or contradiction in views, statements, or acts which are brought into comparison, as in the different statements of the same person or the different periods of one man's life. So in our views, let us be consistent. Some one has said that we enact laws to be broken, but law-abiding people demand to see them observed. Laws and ordinances require us to pay a license for autos, to carry on the business of a vendor of tobaccos and cigars, etc., etc. Some of us pay dearly to practise medicine when we are licensed to do so. If any one continues to carry on a business where a license is demanded he is soon haled before the courts. But if any one desires to carry on the practice of the healing art under some sort of cult, even though the law demands a license to do so in the regular way, he may do it and claim exemption from prosecution in the courts. Here is a most glaring example of inconsistency. Our lawmakers are, therefore, very inconsistent, especially as concerns two items concerning the medical profession in Ontario: the license to practise medicine in the province and the law concerning the prescribing of spirituous and malt liquors. The first demands he take out a license, but offers him no protection from the unlicensed. The second places the "curse of alcohol" on his shoulders. Legislators should assume their own burdens and not unload them on the medical profession. If legislators are as "sincere" as they profess to be, they should be "bold enough to be honest and honest enough to be bold." These are two words legislators should look up—CONSISTENCY AND SINCERITY.

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Original Articles

DANGERS TO LIFE ASSOCIATED WITH GALLSTONE DISEASE AND THEIR PREVENTION

(*The Medical Press.*)

Every individual with gallstones encounters certain definite dangers of a complication which may change what seems to be a simple, though painful, local manifestation into a condition of affairs which may prove fatal. This may happen during any period of gallstone disease, and, in fact, may be the first occurrence which demonstrates unmistakably to the patient or physician the fact that gallstones are present. Indefinite digestive disturbances which may be attributed to the stomach may be present for many months, when out of a clear sky an acute attack of cholecystitis or a sudden jaundice lays the patient low. More frequently a patient suffers for months or years from intermittent attacks of gallstones before one of these dangerous emergencies arrives.

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chondrium, sometimes a chill, rising temperature, and usually vomiting. The pain frequently radiates to the right shoulder. Examination reveals marked abdominal rigidity, a mass caused by the distended gall-bladder and adherent omentum, a very high leucocyte and characteristically high polynuclear count. Jaundice is usually absent, but if present may be caused by pressure of enlarged glands on the common ducts. The diagnosis should be easily made.

Operation should not be delayed in the severer types of cases. Sepsis, perforation of the distended or gangrenous gall-bladder may occur. Simple drainage of the gall-bladder is the operation of choice in the severe cases, especially those that have been delayed to the detriment of the patient's general condition. Mortality from this complication of gallstones is usually due to delay in operation or to the attempt of a too radical operation. Cholecystectomy gives a high mortality when performed on a fat subject with a highly placed suppurating or gangrenous gall-bladder, especially if performed after forty-eight hours.

Cholangitis usually implies that one or more gallstones have entered the common duct and caused stoppage of the flow of bile with resulting infection. The most characteristic symptom is jaundice. This should always be regarded as a danger signal, as the patient has entered a stage of the disease which increases greatly the risk to life. Chills, intermittent fever, sweats and prostration frequently accompany the jaundice, and if allowed to persist may result fatally. More frequently the obstruction is temporarily relieved by the stone being passed or dropping back, the bile flows again into the intestine, and all the symptoms disappear. The choice of the time for operation

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in these cases is a matter of judgment on the part of the surgeon. Operation is more hazardous at the height of the attack and in the presence of jaundice, but if the symptoms persist more than forty-eight hours and the patient's general condition is growing worse from the absorption of septic bile, operation offers the best chances and should not be further delayed. Here also the simpler and shorter operation for drainage of the gall-bladder will meet the vital indications and save the patient's life in cases where the patient would succumb to the more complicated and prolonged operation of choledochotomy and removal of the stones in the common duct. If the patient is fortunate enough to recover from the attack of cholangitis under medical treatment he should not be allowed to run the dangers of another such attack and operation in the interval is the safest procedure. At this time removal of the gall-bladder with its stones, and removal of the stones in the common duct, followed by drainage of the latter by means of a tube, are the procedures of choice. It cannot be emphasized too strongly that one attack of jaundice associated with stones indicates operation in the absence of other factors that may contraindicate operations in general.

Malignancy starting in the gall-bladder is not a rare complication of gallstones and is, of course, a most serious one. Unfortunately, in most cases the carcinoma is too far advanced when diagnosed to admit of complete surgical removal. Metastases in the liver are not amenable to surgery, and it is only when the disease is localised in the wall of the gall-bladder that surgery is successful. These are the cases that are operated upon under the diagnosis of chronic cholecystitis, and in which the carcinoma is found by acci-

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dent before it has spread to the substance of the liver. Every chronic thickened gall-bladder with stones has the possibility of a malignant change, and hence should not be allowed to remain. The appearance of jaundice in these cases not associated with signs of obstruction of the common duct means involvement of the liver by the metastatic growth, and hence is a most unfavorable sign. Operation in these cases is rarely successful.

The history given by patients with carcinoma of the gall-bladder is usually one of repeated gallstone attacks extending over a period of several years. One is always struck by the pathos of the thought that in these cases operation at the beginning would have avoided the tragedy of a miserable death from cancer of the gall-bladder and liver, starting from the prolonged irritation of the stones which were allowed to remain so many years in the gall-bladder.

Operation in delayed cases of cholelithiasis is often hazardous. This has already been pointed out as true of the acute cases of suppuration, gangrene of the gall-bladder, and obstruction of the common duct associated with cholangitis. It is also true of the chronic cases, which are often allowed to go on for fifteen or more years. Important degenerative changes occur in the myocardium and kidneys, which render the patient a poor operative risk. Under these conditions operation must not be undertaken hurriedly and without adequate examination and preparation. If the blood pressure is too low, the heart action irregular, or functional tests of the kidneys insufficient, these must be corrected before operation. But even with these precautionary measures the operation is often dangerous in these long-delayed cases, and certainly

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much more so than in the early periods of the disease before degenerative changes have begun. It must be borne in mind that delayed operations are, as a rule, more difficult and prolonged owing to more complicated pathology. One encounters firm adhesions between the gall-bladder and intestines or omentum, possibly a communicating opening into the intestine, marked thickening and contraction of the gall-bladder, all of which make the dissection difficult and prolonged and add materially to the risks incident to delayed operation. The contrast between a cholecystectomy on an unthickened non-adherent gall-bladder and one on a sclerosed adherent and deeply-embedded one is most stricking to the surgeon and the onlooker both as regards the difficulty of the technique as well as the valuable time expended on the dissection. The separate exposure and ligation of the cystic duct and artery have become much more difficult, and the subsequent danger of secondary hæmorrhage and leakage of bile from slipping of the ligatures are much increased. The removal of the stones from the common duct and ampulla of Vater and drainage of the duct add to the operative risk and often call for the highest degree of technique in order to be successfully performed. All these dangers can be avoided by operation in the early stages of the disease before the onset of complicating inflammatory changes and migration of stones from the gall-bladder into the ducts. The conclusion is unavoidable that early operation in cholelithiasis is strongly indicated, and that only in this way can the present high mortality of this serious disease be lowered.—*Benjamin T. Tilton, M.D., New York.*

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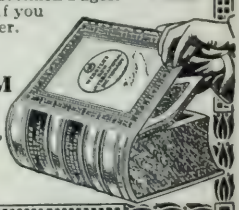

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TREATMENT OF PERNICIOUS ANEMIA BY SPLENECTOMY

Fifty cases in which operation was performed, more than three years ago, are reviewed by H. Z. Giffin and T. L. Szlapka, Rochester, Minn. (*Journal A.M.A.*, Jan. 29, 1921). The immediate operative mortality of the series was 6 per cent. The deaths occurred in the first nineteen cases. The reduction of mortality is ascribed chiefly to more careful preoperative treatment and the exclusion of the anemias of the more acute type. Forty-two of the forty-seven patients who recovered from operation have died. Ten (21.3 per cent.) lived longer than three years, while twenty-one (45 per cent.) lived longer than eighteen months after operation. Five (10.6 per cent.) of the forty-seven patients who recovered from operation were splenectomized four years and nine months ago, one four years and eight months, one four years and five months, and one four years and three months. These five patients at the time of their last reports were in good general condition. The preoperative history of these patients in each case was approximately one year; the total average duration of the disease was considerably more than five years. Including with these the patients who survived operation at least three years but who are now dead, there is a total of ten (21.3 per cent.) in whom the total duration of disease before and after operation was four and one-half years or more. This is clearly longer than the average expectation of life of patients with pernicious anemia, and would seem to lead to the definite conclusion that life is prolonged in a considerable percentage of cases. On neurologic examination before operation,

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twenty-nine patients (58 per cent.) showed definite evidence of sclerosis of the spinal cord. Eight more (16 per cent.) registered complaints suggestive of early involvement of the spinal cord, making a total of thirty-seven patients (74 per cent.). Marked degeneration of the cords has not progressed in patients in whom the degeneration was slight previous to splenectomy. It is possible that the progress of the degeneration is arrested in some of the patients. Mental symptoms have not developed following operation. In the selection of patients for operation in this series, preference was given persons between the ages of 35 and 45 with a previous history of one year or less, a favorable type of blood picture, and with little if any evidence of degeneration of the spinal cord. An absence of marked leukopenia with a polymorphonuclear rather than a lymphocytic predominance in the leukocyte count, marked hemolytic activity, estimated by the examination of the pigments in the duodenal contents in the presence of a competent bone marrow and a moderately enlarged spleen, were regarded as favorable to splenectomy. Patients in acute exacerbations and patients showing evidence of bone marrow exhaustion were excluded so far as possible. The histories of the surviving patients is given in full.

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"Well, you've got a tongue, haven't you?" snapped a nurse who overheard this.

"Yes, I have," he retorted. "But I don't happen to be a contortionist."—*Pickup.*

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A new "bull" by the famous Sir Boyle Roche has been discovered in a manuscript letter dated 1795. Sir Boyle is quoted as saying:

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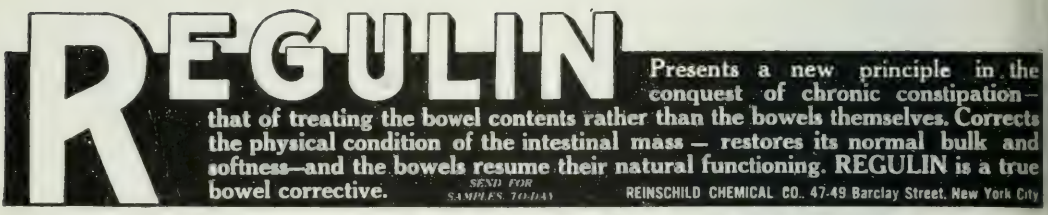
"Say, Jim," said the friend of the taxicab-driver, standing in front of the vehicle, "there's a purse lying on the floor of your car."

The driver looked carefully around and then whispered: "Sometimes when business is bad I put it there and leave the door open. It's empty, but you've no idea how many people'll jump in for a short drive when they see it."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News Items

Dr. Newton A. Powell, Toronto, has retired from the chair of Medical Jurisprudence in the University of Toronto and has been succeeded by Dr. Gideon Silverthorne. Dr. Powell has taken a very active part for many years in the professional life of the city and the province. He is the past-president of the Ontario Medical Association, the Academy of Medicine, and the Æsculapian Club. One of the best practitioners of general medicine and surgery in Canada, he was particularly good in fractures, and had covered practically the whole field in general surgery. He was frequently called upon in many legal cases and his evidence was always considered among the best of the experts. In all mechanical appliances he had an especial knowledge, was an entertaining after-dinner speaker, and a mighty hunter—an expert devotee of the rod and gun. May he live long and devote his leisure to the production of some literary activities for which his many-sided talents fit him.

Dr. Peter H. Bryce, after many years in the public health service, both in Ontario and the Dominion, will shortly retire from active public health work. He is at present pursuing studies in nervous diseases and diseases of nutrition in the University of Toronto, to fit himself for consultation work in the remaining years of his professional life.

The medical profession of Ontario congratulate Dr. Robert Archer, of Port Perry, on the judgment handed out by Mr. Justice Sutherland. Under exceeding trying circumstances, in September last, Dr. Archer

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performed an operation which undoubtedly saved his patient's life. Suit for alleged malpractice was brought for $20,000 by the woman, on account of a gauze sponge having been left in the abdomen and which required a second operation for its removal. Mr. Justice Sutherland has just dismissed the case, stating that the failure to remove the sponge could not be regarded as actionable negligence as more than accidental; and the plaintiff is to pay the cost of the action.

Amongst deaths in the medical profession recently we notice those of Dr. A. B. Atherton, Fredericton, N.B.; Dr. Charles E. Graham, Hull—a graduate of McGill University; Dr. J. H. Webb, Waterloo, Ontario.

Dr. Ernest L. Armstrong, Baden, Ont., has been appointed Assistant Pathologist in the Western University at London, Ont., to succeed Dr. Earl W. Watson, who goes to the University of Sheffield, England.

The Æsculapian Club, Toronto, held its last meeting for the season 1920-21 on the 10th of March. Sir Bertram Windle, M.D., delivered an address which was much appreciated. The following officers were elected. President, Dr. Alexander Primrose, C.B.; Vice-President, Dr. George Elliott; Secretary, Dr. Fred. C. Harrison (re-elected); Treasurer, Dr. Edmund E. King (re-elected).

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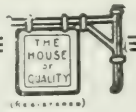
COMMENT FROM MONTH TO MONTH

Who Speaks for the Medical Profession in Ontario?

Is it the Ontario Medical Council which represents all the physicians in the province known collectively as the College of Physicians and Surgeons of Ontario? Or is it the Ontario Medical Association, representing a portion of the physicians of the province? Nor can any pronouncement by the Academy of Medicine, Toronto, the Hamilton Medical Society, the Ottawa Medical Society, the London Medical Society, be looked upon as authoritative of the profession as a whole. If the Canadian Medical Association set itself to speak up for the profession in Ontario, what would happen then?

There should be some representative body to "speak now" for the medical profession as a whole on the questions of temperance and prohibition. It can never be consistent to authorize the manufacture of alcoholic



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liquors and then prohibit their sale as beverages; nor does it seem right that one province may do as it pleases and the balance of the provinces forced to do according to the will of the people. Canada is something more than a collection of provinces.

The whole question of temperance, prohibition, manufacture and importation of alcoholic liquors is becoming a terrible unsettling menace to the business, professional, and social life of the Dominion, to say nothing of rum-running, boot-legging, spotting, bar prescribing, etc. When we are told by a newspaper, in the forefront of the prohibition cause, that drunkenness has increased thirty per cent., is it not time for decent and law-abiding citizens to get together and devise and agree upon some other methods than at present in vogue and law. If the community is to be set at one another's throats because of entertaining opposing opinions on the subject of alcohol and its control; if the rich man is to be permitted to turn his cellar into a store house for alcohol and the poor man denied even the right to purchase a glass for himself, then it must surely take no very astute mind to estimate or prophesy what will be the final outcome. One law is required for all, whether lawyer, doctor, preacher, artisan, or merchant; and provincial laws on the subject are not going to be satisfactory to the people who desire to build up a united Canada. The so-called temperance people must come out into the open and go the "whole hog." Their policy must be prohibition of sale, manufacture and importation of alcoholic beverages for Canada as a whole. If they pursue their present policy of piecemeal legislation, then the whole question will be nothing more than a bone of contention in every community in the land. Upon their shoulders rests

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an awful responsibility. Are they prepared to make of Canada a land of discontent or a land of peace and plenty as it was before 1914?

It is apparent now that no one advocates the open bar and the saloon. All abhor drunkenness. Most desire peace and time to get on with other things. Where is all the agitation on the alcoholic question going to lead us? It is a continuous disturbing element in society. If the clergymen got back to their pulpits, the spiritual advisers, counsellors, and friends of all the people, and not act the part of drivers, the church would again bloom as the rose. They have gone after strange gods.

Because the medical profession has no proper body to represent them before the people, they are like a ship without a rudder. They can do nothing, exert no influence and are even half-heartedly heard. Any one who has watched legislation regarding and affecting the medical profession within the last twenty-five years cannot but feel the truth of the statement as above iterated. If the medical profession were a united body, our representatives would appear before legislative bodies armed with authority to speak for the whole profession or at least a fair majority of it. Instead we have always had the spectacle of individual members of the profession seeking to guide.

The opinion has gained much ground that there must be a compromise on the whole question of alcohol as a beverage. To-day we are in a terrible state of chaos. Government control must at least be tried in the immediate future. The whole gamut must be run. If government control prove a failure, it will assuredly gain more converts to total prohibition of manufacture, sale, and importation for all Canada than at any previous time in Canada's history. There is no thought

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that we can go back to the high license system. It is so distasteful excepting to the numerical few. The O.T.A. is equally distasteful excepting by extreme zealots. A government control, licensing each individual who requires a license, properly rationed, and controlled according to age, appears best to meet the requirements of the times.

The most common cause of pain in the upper arm is subdeltoid bursitis. With it there may be great, moderate or only slight loss of shoulder function or pain on motion. Pain referred to the shoulder itself is not essential to the diagnosis.—*Am. Jour. Surgery.*

The first and most important step in the treatment of subdeltoid bursitis with limitation of shoulder movement is to secure abduction of the arm by graduated elevation and relaxation in bed. When fair abduction has been thus accomplished continue the treatment by means of light Indian club exercises. Immobilization in these cases is bad treatment.—*Am. Jour. Surgery.*

In cases of hyperthyroidism improvement or even apparent cure while the patient remains in the hospital is not conclusive evidence of the beneficence of the treatment, whether it was by surgery, medicine or the x-ray. The symptoms may, and often do, recur when the patient returns to the environment in which they develop.—*Am. Jour. Surgery.*

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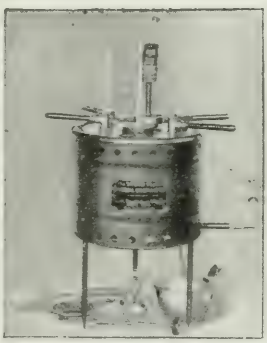

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Foreword

RESPONSIBILITY has been a word looming large recently in the minds of voters. Had Amiel been in a similar quandary he would have said: responsibility is my invisible nightmare. While duty is that which is owed or due; obligation, that to or by which one is bound; right, that which is correct, straight, or in the direct line of truth and goodness: responsibility is that for which one must answer. Duty and responsibility are thought of as to some person or persons; but while one's duty may be to others or to himself, his obligations and responsibilities are generally spoken of as to others. Circumstances may create responsibilities, but a parent's responsibility must be always for his child's welfare. Is our responsibility fully discharged and the correct answer given by removing the temptation out of his way? Is it better performed by the injunction—yield not to temptation? Do we get a stronger, more virile race by cultivating resisting power than by locking the door and even throwing away the key? Keys may be found and locks may be picked. "I wish to fulfil my duty, but where is it, what is it? . . . Does duty consist in obeying one's nature, even the best and most spiritual? or in conquering it?" No matter how intolerant they may appear, from our point of view majority laws should be strictly obeyed. This is the first buttress of responsible and democratic government. By the same principles they may be altered by majority vote. Education and agitation will in time bring about proper reforms. This is the responsibility placed upon every upright citizen.

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Original Articles

ON GALLSTONES*

Gallstones are so common that it is well worth while to make them the topic of this evening's talk. They are frequently found at autopsies, some pathologists maintaining that they occur in about 10 per cent. of the cases. Not all persons affected with gallstones appear to manifest distinct symptoms during life. Some clinicians maintain that only about 5 per cent. of the gallstone carriers are troubled with mild or severe lesions due to the calculi. Kehr, one of the most eminent gall-bladder surgeons, asserts that but 1 per cent. of the gallstone carriers ultimately require surgical aid for relief. This view, however, is not shared by all, and some surgeons go so far as to say that all gallstones are pathological and are accompanied by symptoms, though these frequently fail to be recognized.

Gallstones are much more commonly found in women than in men, the relation being about two to one.

With regard to the etiology, Naunyn's theory of the infectious origin in the formation of stones is generally accepted. According to this clinician, the calculus

*An address delivered before the Lackawanna Medical Society on Tuesday, Feb. 1st, 1921, at Scranton, Pa.

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is always preceded by an inflammatory process of the gall-bladder. Infectious diseases of a general nature frequently play a part and lay the foundation which later on leads to the development of a calculus. Thus typhoid fever, pneumonia, and influenza are often the instigators of a cholecystitis. Typhoid bacilli, various streptococci, and the *Bacterium coli* have been found in the gall-bladder and are believed to have originated the disease process there. Aschoff and Bacmeister, however, maintain that gallstones, especially the cholesterin variety, can form without the aid of bacteria through conditions favoring the stagnation of bile in the gall-bladder.

Gallstones are found either in the gall-bladder proper or in the various biliary ducts—cystic, choledochus, the common duct, and also in the hepatic duct. They are formed principally in the gall-bladder and, though rarely, in the biliary canals of the liver.

The symptoms will vary according to the place of location of the stones. The following possibilities can be discerned:

1. They are found permanently located in the biliary ducts or in the gall-bladder.

2. They may be movable, passing from the biliary canals or the gall-bladder through the choledochus into the duodenum.

3. They can become encapsulated, in which stage they may cause inflammation, pus formation, or ulceration of neighboring organs.

4. Gallstones may be found in the intestinal tract, and may either be passed easily or become incarcerated and then cause severe symptoms, principally those of obstruction.

Stones in the gall-bladder proper cause either no

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symptoms or very vague and indefinite ones, such as a feeling of pressure in the region of the liver or reflex gastric symptoms. When, however, they have attained a certain size or are distending the gall-bladder in a pronounced manner, more definite symptoms appear, such as pains, chills, etc. When the stones wander and reach the cystic duct, they are apt to occlude this canal and cause severe colic.

The severity of the attack will depend upon the size and shape of the stone and the accompanying infections, because the walls of the mucosa of the duct are injured and exposed to different micro-organisms. Such a stone that has begun to wander may either successfully reach the choledochus and thence be expelled into the duodenum, provided its size permits, or it may be forced backward into the gall-bladder and then the attack will subside. The first alternative—the passage of the stone into the intestine and its subsequent exit through the rectum—is designated as a successful attack; while the retrogression of the stone into the bladder is termed an unsuccessful attack.

In some instances the stone may move up to the neck of the gall-bladder and close the cystic duct and become anchored there, so that no bile can enter the gall-bladder. This frequently leads to an enlargement of the gall-bladder, due, not so much to its bile content as to retention of its own secretion, mucus, etc., which accumulates there without the possibility of being emptied. This may proceed to such an extent as to lead to ulceration and ultimately to perforation of the gall-bladder.

Encapsulated stones, likewise, may remain quiet without leading to serious lesions, or they may at times cause various pathological conditions, i.e., pus forma-

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tion, ulceration, and rupture or perforation into a neighboring organ. Thus a communication between the gall-bladder and the duodenum is not rarely found.

When the stones have entered the duodenum, as a rule they pass out without any further manifestation. In rarer instances, the stone which has reached the duodenum by a perforative process is too large to move further and it becomes lodged at some place in the intestinal tract; spasm of the muscularis of the intestine and irritation of the mucous membrane lead to incarceration of the stone and symptoms of obstruction. Under such conditions the disease may assume a critical aspect and terminate fatally in a few days, unless the ileus is relieved. Frequently, however, this type of obstruction undergoes a favorable change, the spasms letting up and the stone moving further on. Occasionally there are periods of grave conditions followed by remissions, the reason for these being that the stone in conjunction with the spasm causing obstruction becomes released from time to time, in such a manner that the fecal contents may pass by it, although with difficulty. In such cases ultimate recovery may take place through the successful passage of the stone. If not, they offer a favorable prognosis when operated upon.

Patients afflicted with gallstones may present typical symptoms, as already mentioned, or the symptoms may assume an atypical course and simulate the most varied conditions.

Diagnosis.—A minute history of the progress of the disease will help greatly in making a correct diagnosis. If there have been typical attacks of severe colicky pains in ths upper abdomen, especially toward the right, radiating upward toward the shoulder blade;

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lasting a short period of time—from half an hour to six hours or even a day or two, followed by an interval of well-being over a considerable period of time—say from a month to a year or so, the diagnosis of gallstones is quite probable.

Jaundice following the attack initiated by pain is another evidence of stone. Although these signs are quite conclusive, there are exceptions in which similar conditions may be caused by altogether different diseases. It is therefore of the greatest importance to have additional signs to aid us in clearing up the diagnosis. It is self-evident that these objective signs of which we are now going to speak are of even greater importance when the symptoms and history of the case are not so very typical of gallstones.

The physical examination frequently shows enlargement of the liver; occasionally the gall-bladder, as such, can be palpated and felt underneath the liver; it has then the form and character of a small pear-shaped elastic bag. This, of course, can occur only if the gall-bladder is filled with stones or fluid and so enlarged as to protrude from the liver. Very often the palpation of this organ elicits pain.

Within recent years the X-ray examination has enabled the physician to discover gallstones by the shadows cast in a considerable proportion of the cases. It is now assumed that from 15 to 25 per cent., or even more, of the gallstones can be recognized in this way.

The *examination of the bile* by means of the duodenal tube in the fasting condition of the patient is of great value. When stones are present in the gall-bladder or in the ducts, the bile is almost always turbid; usually, the more pronounced the degree of the turbidity, the more the color deviates from the normal golden

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yellow, the greater is the pathological condition associated with the stone.

Microscopically, the bile specimen obtained from a patient with stone shows cholesterin crystals of different shapes, either a few very large ones or tiny ones in great number. Bilirubin crystals are likewise found; occasionally, pus corpuscles and various bacteria are also encountered.

Lyon of Philadelphia has suggested the injection of magnesium sulphate into the duodenum before examining the bile. He thinks that by this method he can segregate those parts of the bile coming from the common duct, the gall-bladder, and also from the hepatic duct. In testing his procedure, however, I have come to the conclusion that the best results with regard to diagnosis are obtained from the fasting specimen, and that at present the segregation of the bile is not possible.

As an instance of the importance of the bile examination, I will mention just one case in which a wrong diagnosis was made in a first-class hospital in this city. Briefly, the case is as follows:

A female patient, about forty years of age, was complaining for about six months of gastric distress and vomiting, accompanied by a loss of flesh of about forty pounds. After a thorough examination in the hospital, the diagnosis of cancer of the stomach and pylorus was made, and operation was advised for that malady. The patient then consulted me. I found her stomach quite dilated. Examination of the gastric contents showed no gastric juice, the contents after a test meal being almost neutral; the stomach in the fasting condition was empty. The string test showed that the pylorus was permeable, and that no ulcer was present, the end

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being tinged with golden yellow and no blood stain above. The duodenal contents obtained in the fasting condition showed a dirty-looking bile, resembling pea soup, and containing bilirubin calcium crystals and numerous pus corpuscles. Pancreatic ferments were present. Based principally on the findings of the direct examination of the bile, I made a diagnosis of gallstones and advised operation for their removal. Dr. Willy Meyer operated upon the patient in the Post-Graduate Hospital and found a gall-bladder filled with tiny stones—two to three hundred or more. The patient made a rapid recovery and has since regained her forty pounds, and is alive and well now, some four or five years later.

Treatment.—The treatment is both medical and surgical. The medical treatment has for its purpose the relief of the suffering and, if possible, the elimination of the offending agent. In some instances, when the stone is small, this is feasible. Drinking of large amounts of water, leading a hygienic life, frequent eating, and drinking of some saline aperient water are all favorable for this purpose. In biliary colic of a severe character, the pain is best subdued by a hypodermic of morphine in conjunction with atropine. During and following the attack, rest in bed is essential.

If the attacks are frequent and perhaps accompanied by fever and a high leucocytosis with an increase of polynuclears, operation for the removal of the stones should be considered. Jaundice, which has developed after a biliary colic and has not subsided after a period of three to five weeks—showing that the common duct is occluded—is another indication for operative intervention. Operation is also indicated when an empyema

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of the gall-bladder is manifested by chills, high leucocytosis, and pain, and a perforation is suspected—sudden cramps, rigidity of the abdominal walls, etc. In the latter case, the sooner the operation is done the better.

While I am not of the opinion that all gallstones require operation, I would recommend that, in case the abdominal cavity is opened on account of some other conditions, if gallstones are known to exist or are discovered at the operation they should be removed as a prophylactic measure, even if the patient has not presented symptoms from them.

Contraindications to Operation.—Severe heart or kidney troubles, old age, and jaundice of very long standing, are in themselves contraindications to operation, on account of the great danger to which the patients are exposed under such circumstances. The gravity of the disease will help to decide whether or not operation should be undertaken.—*By Max Einhorn, M.D., New York.*

IN MEMORIAM

A crowded elevator in a Western office building was nearing the bottom of its descent when it suddenly dropped a few feet, recovered, and continued its trip at a normal rate.

"It's all right," said the elevator boy reassuringly. "If it had fallen, it would only have meant a couple of stories."

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The day after the Referendum election a letter addressed to doctors in Toronto from a prominent firm of financial brokers began as follows: Dear Sir:—You, as a professional man, are probably so fully occupied that you find it difficult to devote sufficient time to the consideration of your personal investment matters. Yes, writing prescriptions morning, noon, and night.

MISSING WORD CONTEST

Fill in Missing Words and Explain Process of Collection.

"I cannot come to treat your wife, Mr. Slowlie; you have showed no disposition to pay your long standing account, and I know that you can afford to pay; I am unwilling to extend further credit."

"I'll pay you, doc., kill or cure, I'll pay you. My wife is awful sick, and I wish ye'd come."

The doctor went. The case was typhoid and the patient died. The bill for treatment was sent; repeatedly sent. Finally the man was called upon personally.

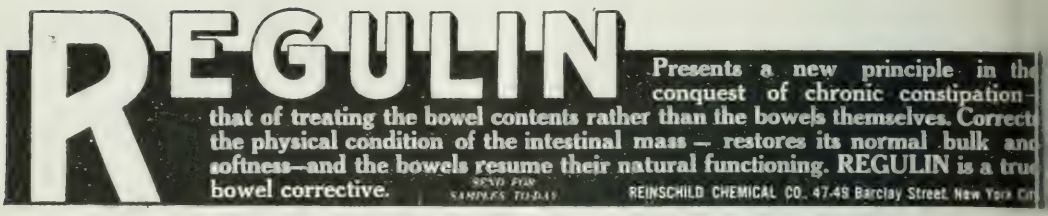
"Doc.," said the man, "I told you that I'd pay you, kill or cure, didn't I?"

"Yes, you did."

"You didn't cure her, did you?"

"No-o."

"Well, — — — —?"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News Items

Drs. Harry Glendenning and Bert Fraleigh, Toronto, have returned from a visit to Bermuda.

Dr. Allen Baines, Toronto, is expected back from the West Indies in May, and is said to be very much improved in health.

Dr. William A. Young, Toronto, after more than thirty years' service as a coroner, has resigned. Dr. Young is the Editor of the *Canadian Journal of Medicine and Surgery* and the *Canadian Hospital World.*

Dr. Helen MacMurchy, chief of the Division of Child Welfare, Department of Public Health, Ottawa, has compiled a book called " The Canadian Mother's Book."

Dr. Edith Gordon, Toronto, has received the degree of Doctor of Public Health from the University of Pennsylvania. Dr. Gordon is the first Canadian woman doctor to receive this degree.

Dr. George Glionna, who has been Italian Consul for the past four years, has resigned.

Dr. Harley Smith and Mrs. Smith, Toronto, have sailed for the Mediterranean and France.

Dr. D. King Smith, Toronto, will spend the summer in England.

Major-General G. L. Foster, Ottawa, has resigned as director of medical services.

The Ontario Medical Association and the Ontario College of Physicians and Surgeons have appointed a joint committee on public health matters. Dr. Edmund E. King is chairman and Dr. T. C. Routley secretary.

Dr. T. W. Jeffs, North Toronto, is engaged in the medical inspection of immigration for the Canadian Government in European ports.

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Dominion Medical Monthly

And Ontario Medical Journal

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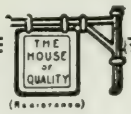
COMMENT FROM MONTH TO MONTH

The Ontario Temperance Act seems to be an intolerant law to the medical profession. The latest is the announcement of the Hamilton physicians who threaten to cease prescribing liquor altogether if interference with their rights does not end. They say they are not to be dictated to in the practice of medicine. As one physician puts it: By what right has a voter the power to say that the doctor's office shall be turned into a bar-room? And he is answered thus: You should not give prescriptions of liquor unless it is actually required by the patient and suited to the case in hand. Very well. What is this but interference with the doctor's liberty? Is the voter to invade the sanctity of the doctor's office and watch over his actions and visé his conduct? It is a gross thought to even think of intruding into the privacy of the medical man's consulting-room. When



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are supervisors of liquor prescriptions to be domiciled in the doctor's surgery?

The people concerned with the proper and successful administration of the O.T.A. have lost sight of the fact of where the responsibility in this matter lies. Legislators have in this measure side-stepped their own responsibility and loaded it on the shoulders of the medical profession. Legislators are never infallible; and it would seem, so far as the O.T.A. is concerned, there are many electors who deem that in this connection they have passed a bad law. There is only one way to have it put right, and that is by constitutional methods. Now, if the advocates of prohibition would attract the medical profession to their side by themselves agitating that the medical profession be relieved of all responsibility, the profession would not care a whit or a "hoot" just how bone-dry Ontario might become. The medical profession claim, and claim rightly, that they have been made the "goat" in the initiation of the O.T.A. It is time that the responsible representatives of the people undertook their own burdens. The people have expressed their will through the ballot boxes; and it is incumbent on their representatives to carry out that will accordingly and absolutely.

Medical men carry on the practice of medicine under a prior law known as the Ontario Medical Act. By that law they have years ago been given the right to prescribe, indeed, if we mistake not, have been specifically authorized to prescribe those medicinal products which are set forth in the British Pharmacopeia. In other words, it is legal to prescribe them, and amongst others are listed brandy, whisky, various wines. If we mistake not it is under that Act the

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is not only the first consideration of the physician, but almost invariably the most urgent and insistent demand of the patient. It is, therefore, a matter of great satisfaction to many medical men that in

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they have an analgesic that enables them to meet this demand so effectually without embarrassing the heart or circulation, disturbing the digestion, suppressing the secretions, producing constipation, or presenting the slightest danger of creating a drug habit.

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Medical Council has existence, and has that existence for the express purpose of carrying out the provisions of the Act.

While it is commendable in the Ontario Medical Association to take up the question of the relation of the doctors to the Ontario Temperance Act, it seems to be the special duty of the Ontario Medical Council to guard the prerogatives of the medical profession in this connection. Here is a specific instance where the profession should be one and act as a whole. The medical profession would appear far better before the people and carry more weight with the people were the medical profession apparently not divided, as we know it is not divided into Ontario Medical Association and Ontario College of Physicians and Surgeons (Ontario Medical Council). But the people do not realize the limitations and responsibilities of each.

TREATMENT OF GONORRHEA IN WOMEN

(*Abstracted from the Practitioner by Med. Record.*)

Remington Hobbs discusses this subject with special reference to cases complicating pregnancy. It is generally held that treatment of the cervix is contraindicated, in cases of gonorrhea complicating pregnancy, by the risk of miscarriage, unless the circumstances are very exceptional, and the writer is of the opinion that under improper or unsuitable treatment this risk is a real one. He holds that there is greater risk of miscarriage from the infection of the endometrium than from properly applied treatment to the cervix. It is not only safe to treat the cervical canal, but decidedly in the patient's interest to do so. The eradication of the disease from the cervix presents one of the main difficulties, for by reason of the burrowing tend-

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ency of the gonococcus the deep-seated glands become infected, which after a time occludes their lining by adhesions. Gradual distention of the glands ensues, and ultimately the formation of small abscesses. In order to render the ducts patent again, it is necessary to denude a thick layer of epithelium, so that treatment can be more directly applied to the deeper structures. All that is necessary can be done to the endometrium with a minimized dilatation, irrespective of the condition of the surrounding adnexa, provided there are no acute symptoms. This simple operation can be repeated until the uterus is firm and hard, and the secretion in the cervix is normal. This method of treating the endometrium lessens the amount of congestion in the surrounding tissues, and does not promote it. From a surgical point of view cases are very familiar in which the tubes have been removed and the patient is as bad as ever, owing to the infection of the endometrium and cervix. When the infection is of an ascending type and salpingectomy would be necessary if other measures failed, the treatment outlined, unless the inflammation be of the grossest kind, obviates the necessity for surgical interference. An intensive form of treatment, as indicated, can be undertaken in cases of chronic gonorrhea, even in pregnant women, and it will do much to ameliorate the gravity of the conditions and to shorten the course of treatment.

"I hear, 'Rastus, that that cross-eyed colored man that used to board with you is about to be operated upon to cure his trouble."

"Mebbe he is, an' mebbe he ain't," replied 'Rastus, "but he don't eat in mah house again till he is cured—why, dat man is so cross-eyed dat he don't know whether he is a eatin' outer mah plate or his'n."

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"It certainly has within its formula all that could be expected, and the most benefiting medicinal agents. The formula cannot be excelled. I also use it by adding mercury in specific bubon.

"All who doubt this agent should just try it for a change."

— Dr. J. M. H., Texas.

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A SCIENTIFIC ACCOMPLISHMENT

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The blood is kept in a fluid state in the vessels by the presence therein of antithrombin. Should the proportion of antithrombin be unduly increased and a hemorrhage occur, the blood would fail to clot. The absence or insufficiency of prothrombin or kinase, which perform an important part in the process of coagulation, would have a similar effect. Hence in the treatment of uncontrollable hemorrhage the physician needs an agent that can be depended upon to meet both of these conditions. Such a substance is Hemostatic Serum, P. D. & Co., a comparatively recent addition to the list of highly scientific remedies that have been elaborated by experts in physiologic chemistry. Hemostatic Serum neutralizes antithrombin and supplies prothrombin and kinase. Its effect is truly remarkable in the treatment of capillary hemorrhage, hemorrhage of the new-born, pulmonary hemorrhage, persistent epistaxis, bleeding from gastric and intestinal ulcers, hemorrhage following surgical operations upon the tonsils, the bones or the viscera, and so on. It is administered hypodermically or intravenously in

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doses of 2 to 5 cc, and the dose may be repeated at intervals of two to six hours. It is also used to prevent hemorrhage by administration prior to surgical procedure in hemophiliacs. To be prepared for any emergency the surgeon should include a package of Hemostatic Serum in his equipment, as the product keeps well and is always ready for immediate use.

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An old man sat on the cottage doorstep, meditatively smoking a cob pipe. A neighbor passed.

"How old are you now, uncle?" he asked.

"Wal," quavered the old man, "I'd be a hundred day afore yesterday."

"I congratulate you," said the other, "and hope that you may live another hundred."

"Wal, maybe, maybe," was the answer, as he considered the plausibility of the wish, "anyway, I be stronger now than when I started the first hundred."

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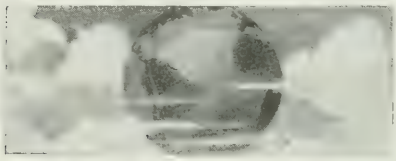

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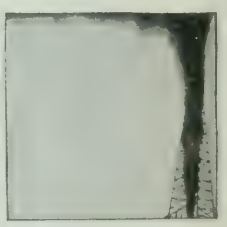

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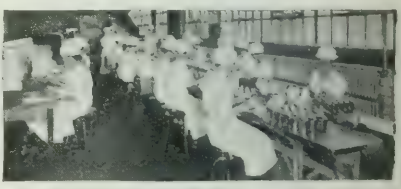

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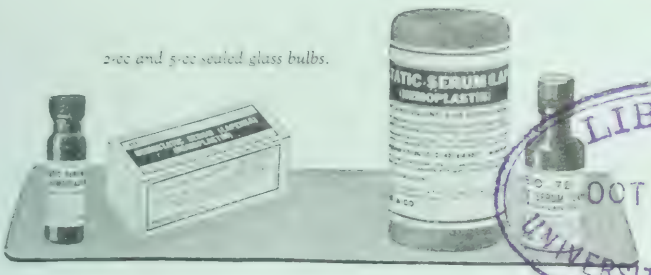

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Foreword

Turning-point is the point on which a question turns, and which decides the case; a grave and critical period. Nothing seems to demand more careful study and consideration than the turning-point in a man's life. The only thing that we can think of that may come at all near to it, is perhaps a boy's turning-point in life. With man, it makes him realize that the best of his life is behind him, but that he still may go on, but slower. At this grave and critical period into which he may be plunged without warning, if the signs are heeded, he may be duly apprised of its approach, and wise is he who makes provision for the future and lays by of nerve force and energy, that is, conserves it; for so much as he conserves it, the longer will be put off the turning-point—he may still go forward feeling life is all before him. And it makes a difference in this. He should look forward building and preparing for this turning-point which is to come, so that it does not come too suddenly and without undue warning. By that means he may be directed down the incline without a jolt, may even not realize that the full ascent has been reached and the descent entered on, but may pass from one phase of life into that which may eventually lead to the sere and yellow leaf. Having successfully passed the turning-point, although it is taking the down grade, while still looking for the upward, or a different turning aside, there may be still many years of a happy and useful life, exercising all due care and precautions in taking it easy. The view point has been shifted. Fit yourself to the new outlook on life!

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Original Articles

*PESSARIES VERSUS OPERATION IN THE TREATMENT OF DISPLACEMENTS.**

By ARTHUR E. GILES, M.D., B.Sc., F.R.C.S.

Senior Surgeon, Chelsea Hospital for Women; Gynæcologist to the Prince of Wales's General Hospital, Tottenham.

There was a time when pessaries played an important part in the treatment of the diseases of women. Text-books gave pictures of dozens of different kinds; the cabinet of the gynæcologist held an imposing array of them; and the aspirant to gynæcological fame invented a new form. So great was their vogue that they were used not only for abnormal conditions like prolapse and retroversion, but even for normal conditions such as anteversion. Now their prestige is on the wane. A good many years ago I wrote a paper on "The Use and Abuse of Pessaries"; and even in those days I damned them with faint praise, saying, "Pessaries are a necessary evil: necessary sometimes, and evil always." I can imagine that if some later gynæcologist took up the theme, he would say that the abuse of pessaries lies in their use, and if a paper on Pessaries were read at the Royal Society of Medicine, it would not be in the Obstetrical and Gnyæcological Section, but in the section of the History of Medicine, sub-section "Archæology."

The popularity of pessaries was due to the fact that there was no other known way of treating displacements; now the teacher of gynæcology can say to his students in the words of St. Paul, "But behold ! I show you a more excellent way."

It is difficult to imagine that any women who were told of

* A Paper read before the Herts Branch of the British Medical Association, April, 1921.

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the more excellent way would tolerate the wearing of pessaries; except, perhaps, that small and daily diminishing number of women, whose idea of an operation is of a mysterious horror worse than air-raids and almost as terrible as death itself. To a delicate-minded and sensitive woman, the wearing in her vagina of a foreign body, which sets up and keeps up noxious discharges requiring constant interference with her person in the form of douches, and necessitates periodically recurring examinations, must be distressing and even revolting. Perhaps the constitutional patience and passivity of women carry some of them through; others have had such discomfort and disability from the prolapse of their organs that they welcome the relief of a pessary even with all its attendant drawbacks.

As a matter of fact, there are still cases where it is proper for the medical attendant to advise and practise the use of pessaries; and I will now endeavour to lay down the general principles that should guide us in deciding when to use them and when not to use them.

When to use Pessaries.—I should say that the occasions for the use of pessaries are the following:—

(1) When the wearing of a pessary for a limited period, say three to six months, may result in the cure of the displacement. By "cure" I mean that the displacement remains corrected after the use of the pessary has been discontinued. This never happens with prolapse or procidentia; but it does happen sometimes with retroversion, especially when this has not been of long standing, and when it follows childbirth. If within a few weeks of childbirth the uterus is found retroverted, the fault is due in some measure to sub-involution; and if the uterus be kept up in good position until involution is complete and the relaxed pelvic tissues have become tightened up, it is quite likely that it will remain in good position after the pessary is removed.

(2) As a temporary expedient in cases of obstinate retroversion and of prolapse and procidentia, when a patient accepts the principle of operative treatment but wishes to postpone operation to a more convenient time.

(3) In the case of a young married woman who, by becoming pregnant, might get her displacement cured spontaneously. It must be remembered, however, that the wearing of a pessary, though it does not necessarily prevent conception, is unfavorable thereto; particularly in the case of those women on whom a pessary has the effect of setting up a muco-purulent or an acrid discharge, which is hostile to the vitality of spermatozoa.

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(4) When a patient has such a nervous dread of operation that the urging of it would lead to serious nerve-strain, and the carrying of it out would leave her a nervous wreck. Such women are undoubtedly met with; although, in my experience it is rare for a woman, even one who is prejudiced against operation, not to agree to it when the matter is placed reasonably before her.

(5) When by reason of the patient's age or state of health an operation is not deemed to be advisable. Old age is not in itself a bar to operation if the woman is vigorous and able to get about well, but I am sure that an old woman who is infirm and of low vitality should not be submitted to any operation that is a matter of expediency rather than of necessity.

(6) In certain cases of prolapse of the vaginal walls after the uterus has been removed; for in my view an important factor for the successful operative treatment of prolapse is the presence of the uterus. When this is slung up to the abdominal wall it helps materially to pull up the vaginal walls.

When not to use Pessaries.—There are certain conditions where a pessary should not be used at all, even as a temporary measure; and others where, although it might be used it is much better to refrain. Those that, to my mind, absolutely contra-indicate the use of pessaries are the following:—

(1) When there is no displacement. No doubt it seems futile to give this as a contra-indication; and yet I have come across not a few cases where a pessary had been introduced for no obvious reason except the wholly inadequate one that the medical attendant could not think of anything else, and felt that he must do something. There is sometimes virtue in a "placebo"; but that placebo should never be a pessary.

(2) When a displacement is causing no symptoms. There is one exception to this rule, and that is the case of a retroversion causing no sympton in a young married woman who wants a baby. For here we have the potential and prospective symptom of sterility.

(3) When a retroversion occurs in a young unmarried woman. It is, I think, improper to start such a patient on a course of treatment involving repeated examinations and manipulations. If the retroversion is causing symptoms, the uterus should be placed in its proper position, if necessary under an anæsthetic, and if the displacement returns, operation should be advised.

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(4) When the perineum has been so torn or stretched that no pessary will remain in position. The vaginal orifice is then the widest part of the canal. The same result may be brought about by the atrophic changes that follow the menopause. The deeper part of the vagina becomes progressively narrowed, until it may become narrower than the entrance, even when this was not the case earlier. The vagina then assumes the shape of an inverted cone, and obviously no pessary will stay in.

(5) In cases where there is marked endometritis, vaginitis or erosion; for here the pessary would soon cause an irritating and offensive discharge, and would quickly produce ulceration of the vaginal walls.

(6) When a displacement is associated with a pelvic tumor or with inflammatory disease of the ovaries and tubes. We might also include in this category cases of prolapsed ovary, in which a pessary is likely to cause painful pressure.

(7) In all cases of adherent retroversion; and generally speaking, in cases where the uterus cannot be replaced. To put in a Hodge pessary or a ring without getting the uterus into its normal position is, as I have formerly expressed it, "to add risk to inefficiency"; in the first place it is no use; secondly, it may do harm; ***thirdly, it may not be a case of retroversion.*** I have seen not a few cases in which a case diagnosed as retroversion has turned out upon further investigation to be one of pustubes, a small ovarian cyst or a uterine fibroid, lying behind the uterus.

(8) There is another circumstance in which pessaries are inadvisable; and that is when the patient is about to depart for distant lands where medical help of any kind is difficult to obtain and expert assistance is non-existent. In such a case I should advise operation, even when pessary treatment might be otherwise permissable.

The Use of Pessaries.

When, for good and sufficient reasons, it is decided to use a pessary, the first question is, what pessary to use? In the average modern catalogue of surgical instruments and appliances you will find some sixty varieties of pessaries figured. I have arrived at the stage of using only two kinds, the rubber ring, and some form of Hodge pessary. In nearly all cases of prolapse and procidentia a rubber ring is the most satisfactory. A good quality plain rubber does very well; for

often becomes an "eye sore" to the conscientious physician whose therapeutic resources have come near being exhausted—with the patient little, if any, improved.

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special cases a "combination" ring with watch-spring and glycerine is particularly suitable. For retroversion and retroflexion a ring is almost always unsuitable, because it hardly ever keeps the fundus forward. Here we require a pessary of the Hodge pattern with a profile like an italic *f*. I use either the plain Hodge, or the kind with a thick upper portion, known as the Braxton Hicks pessary.

They are sometimes made rather pointed below; I prefer those with a straight lower bar. As regards material, I think nothing is so good as vulcanite. In earlier days I advocated block-tin, on the ground that it could be moulded to any desired shape; but block-tin has quite a definite tendency to produce ulceration of the vaginal walls; and vulcanite can be moulded perfectly well by immersing it first in boiling water for a few minutes.

All pessaries have this in common, that one of the right size must be selected; if too small it will be inefficient; if too large it will cause injurious pressure on the vaginal walls. The main difference between the treatment of prolapse and the treatment of retroversion is that in the former case the ring is put in without any preliminary correction of the displacement; while for retroversion it is fundamentally necessary, as I said previously, to put the uterus in its proper position, either with the fingers or by the help of the sound, before introducing the Hodge.

Patients who have to wear a pessary should be strictly enjoined to attend to two points. The first is to use a douche frequently; plain water is sufficient, as the only object is to keep the pessary clean. Strong astringents are a distinct drawback, for they have the effect of coagulating the discharge and causing a thick coating on the pessary. The second point is that the patient must be seen at regular intervals in order to have the pessary attended to. This "attention" means the removal and cleaning of the pessary, and ascertaining that no ill-effects are being set up, such as erosion of the cervix or ulceration of the vagina. The results of long retention of a pessary may be quite serious; we do not often see them now, but in earlier years I used to see deep grooving and ulceration of the vagina, leading in extreme cases to vesico-vaginal or recto-vaginal fistula.

The Abuse of Pessaries.

What constitutes abuse of pessary treatment at the present time? I should include the following in this category:

(1) Putting in a pessary that is not required.

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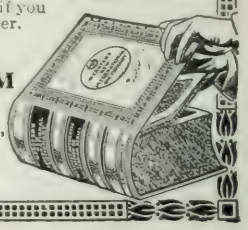

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(2) Putting in a pessary for backward displacement without first replacing the uterus.

(3) The use of an unsuitable pessary, that is, one that does not keep the displacement corrected.

(4) Continued use of a pessary that has set up inflammatory conditions.

(5) Continued use of a pessary in a case suitable for operation, without giving the patient the option of the radical cure.

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What enlightened person would wear a truss for a hernia that could be cured by operation? And if the enlightened person would embrace with avidity the opportunity of freedom from an external appliance like a truss, how much more would such a one, being a woman, welcome delivery from the necessity of harbouring an internal appliance like a pessary? The crux of the question is of course this: whether the condition really can be cured, and whether the operation is attended by any untoward results in the case of women who may become pregnant later on. I sought an answer to these questions years ago in a study of the after-results of abdominal operations,* and was satisfied on both points. The investigation showed that the result was permanently good in 98 per cent. of the cases; and that a fixation operation, when properly carried out, had no bad effect on subsequent pregnancy and confinement.

These views have only been confirmed by later experience; and as the cases in which I have done a hysteropexy now number about 1,050, the material is large enough to justify the drawing of conclusions.

A great deal hangs on the proviso that I made just now: "A fixation operation, ***when properly carried out.***" Some months ago there was a report in the "British Medical Journal" of gruesome complications in the confinement of a patient whose uterus had previously been stitched up. The writer said that the moral was that the uterus should never be stitched up in a woman of child-bearing age. Of course, he missed the whole point; the real moral was that the operation had not been properly carried out.

Much confusion about the operation still prevails, so I will try to expound the matter clearly and briefly. Twenty-five years ago two operations were much discussed: ventro-

---

* The after-results of abdominal operations on the female plevic orifice based on an investigation of 1,000 consecutive cases. London, Bailliere, Tindall and Cox.

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IN-B-TWEEN

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fixation of the uterus and ventrosuspension. In ventrofixation, the ***posterior*** surface of the uteerus was sutured to the peritoneum, muscle and fascia of the abdominal wall; the results were permanent enough, but naturally any subsequent pregnancy was bound to end in disaster.

In ventrosuspension, the anterior surface of the uterus was sutured to the peritoneum only; this raised no obstacle to pregnancy, but the attachment was so slight that the operative result was mostly a failure. The operation that I have done and advocated is neither a ventrofixation nor a ventrosuspension, and a long time ago I gave up the use of those terms as leading to confusion, and spoke of the operation as ***hysteropexy.*** The features of this procedure are that sutures are passed through the anterior surface of the uterus as low as is possible without damaging the bladder; and they are passed through the whole thickness of the abdominal wall except the skin. The result is that the fundus and nearly all the body of the uterus are left free to expand if pregnancy occurs, and no interference takes place; and as the attachment is to the firm abdominal wall, and not only to the peritoneum, the result is permanent—at least in about 98 per cent. of cases.

In the majority of cases of retroversion, a hysteropexy is all that is required. But in dealing with prolapse and procidentia it is different, and I hold strong views as to the importance of combining plastic operations on the vagina and perineum with the hysteropexy in these cases. Nearly always the perineum is either torn or stretched; and often the vaginal walls are stretched and relaxed. The patient obtains only a partial, and sometimes even a hardly appreciable relief if the uterus be fixed up and a cystocele and rectocele remain. So, whenever necessary I begin with an anterior colporrhaphy and a posterior colpo-perineorrhaphy and then proceed to fix up the uterus.

In our hospital slang we speak of this operation as "the round up." If anything else is required, it can be done at the same time; thus endometritis may need curetting; a badly-torn cervix wants a trachelorrhaphy; a small fibroid or two in the uterine wall can be enucleated by myomectomy and a small ovarian cyst treated by ovariotomy. I know by experience that curetting, trachelorrhaphy, anterior colporrhaphy, colpo-perineorrhaphy, myomectomy and hysteropexy can be done at one sitting within the hour.

I should like, in conclusion, to put in a protest against resorting to hysterectomy in the treatment of prolapse and procidentia. Of course there are cases of tumours of the uterus, malignant and otherwise, where hysterectomy is obligatory, but I am not speaking of these.

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It is with perfect frankness, and with the utmost sincerity that, without pretending to cure every case of Epilepsy, we recommend to the medical profession **GELINEAU'S DRAGEES,** which have given to their inventor the most complete satisfaction for 30 years and have earned for him the gratitude of numerous sufferers. **GELINEAU'S DRAGEES** offer to the practitioner a superior weapon, giving him the possibility of a triumph in ordinary cases, and in all cases the certainty of at least a marked improvement.

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If you remove a prolapsed uterus you will find in a short time that there is a troublesome prolapse of the vaginal walls, which causes the patient every whit as much discomfort as the prolapse of the uterus itself. The proper course is undoubtedly to preserve the uterus, and by fixing it up to the abdominal wall gain a valuable additional means of drawing up the vaginal walls and pelvic floor.

For Idle Moments

"Two pennyworth of bicarbonate of soda for indigestion at this time of the night !" cried the infuriated chemist, who had been aroused at 2 a.m., "when a glass of hot water would have done just as well !"

"Weel, weel," returned Sandy, hastily; "I thank you for the advice, and I'll no bother ye after all. Good night."

* * *

The black-haired boy had a mighty contempt for the tow-headed boy.

"Huh," he said, "your mother takes in washing."

"Of course she does," the tow-headed satirist retorted. "You didn't think she would leave it hanging out at night unless your father was in jail, did you?"

* * *

The most absent minded man on record is the fellow who thought he left his watch at home, and then took it out to see if he had time to go back and get it.

* * *

She: "How do you like my singing?"

He: "Well, I've heard Tetrazzini and Mary Golden, but you're better still."

* * *

A Serious Matter.

Two fat old gentlemen were enjoying their game of golf, unhindered by caddies. As they stood, with putters in their hands on the first green, one of them, turning to the other, murmured:

"Mallowes, old man, supposing I did put this ball in, who in blazes is going to get it out?"—Pickup.

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The adult dose of the preparation is one teaspoonful, repeated every two hours or at longer intervals, according to the requirements of the individual case.

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For children of three or more years, from five to ten drops.

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It enriches the blood, increases the weight and red blood cells, and enhances nerve action.

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In the dim, dark, distant long ago, when the sun first bowed to the morning star, this power spoke and there was life; it quickened the slime of the sea and the dust of the earth and drove the cell to union with its fellows in countless living forms. Through aeons of time it finned the fish and winged the bird and fanged the beast. Endlessly it worked, evolving its forms until it produced the crowning glory of them all. With tireless energy it blows the bubble of each individual life and then silently, relentlessly dissolves the form, and absorbs the spirit into itself again.

And yet you ask, "Can Chiropractic cure appendicitis or the 'flu?"

Have you more faith in the knife or a spoonful of medicine than in the power that animates the living world?

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Book Reviews

Diseases of The Skin.—A Text-book for Students and Probationers. By J. M. H. Macleod, M.A. St. And. M.D. Aberdeen, T.R.C.P. Lond. Physician for Diseases of the Skin, Charing Cross Hospital; also for the London School of Tropical Medicine; also for the Victoria Hospital for Sick Children, &c., &c. 23 illustrations in colour, in 14 plates; 435 figures in black and white in plates and in the text. London. H. K. Lewis & Co., 1920.

This is one of the best books on Diseases of the Skin ever issued; indeed, at the present time, it almost ranks first amongst books on Dermatology. One could only expect, after having studied the author's book on the pathology of the skin, that something exceedingly good would emanate from one who had prepared and studied such excellent ground work. Embracing as it does the complete range of modern exposition of the diseases of the skin, the reader may be assured of obtaining almost the last word on the subject, that is in so far as present-day practice in these diseases can carry him. The diagnostic paragraphs are particularly illuminating; the first signs or symptoms clearly set forth, and the treatment all that could be desired. The illustrations, while many, are very apt and in many cases not old ones reproduced, but often new ones which will appear new even to special workers in this field of medicine in this Dominion of Canada, and even in the United States of America. The Profession of Medicine should be deeply indebted to the distinguished author for his laborious and painstaking work.

Canadian Medical Directory.—Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon.

Containing the law of the reciprocity of license between the United Kingdom and the Britannic Dominions. The Law and Regulations of the Medical Council of Canada, and the list of licentiates. The announcement of the Faculties of Medicine of Canada, with the staff of professors. The medical societies, hospitals, homes, sanatoria, etc., of each province. The sanatoria, hospitals, and dispensaries (anti-tuberculosis) situated in Canada. Lists per cities and provinces of

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the physicians, specialists of Canada. The laws and regulations for the practice of medicine, surgery and midwifery in the different provinces of Canada, and Newfoundland. The list by post office of the physicians of each province, and the list by street for Montreal and Toronto. With complete alphabetical index of the physicians of the Dominion and Newfoundland, etc., etc. Fourth edition, 1921. The Canadian Medical Directory, Montreal. R. Villecourt, M.D., publisher.

The American Year-Book of Anesthesia and Analgesia, 1917-1918.—(Copyrighted January, 1921). F. H. McMechan, M.D., Editor. Large quarto, bound in Art Buckram and printed on natural tint paper; 471 text pages; 175 illustrations. Containing a cumulative index of the Pertinent Literature for 1917-1917, and contributions by 84 eminent authorities. Surgery Publishing Co., publishers, 15 East 26th St., New York City. Price $10.00.

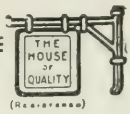
The American Year-Book of Anesthesia and Analgesia, (Copyrighted January, 1921) covering the advances in these subjects during 1917-1918, is just at hand in its de luxe format, making as much of a typographical as a scientific appeal. Delayed in publication by the World War, it contains those methods of anesthesia and analgesia introduced to expedite military surgery, which are to find a place for themselves in civilian practise for the benefit of all concerned.

Again the editor of the Year-Yook has tried to make it appeal to all the progressive members of the allied professions and specialists, who in any way, are vitally interested in current advances in the science and art of anesthesia and analgesia.

The Year-Book, as a cumulative Encyclopedia, provides the anesthetist, specialist, surgeon, dentist, research worker and hospital superintendent with those special advances that meet their individual requirements.

Fundamental studies in the pharmaco-physio-pathology of anesthesia and analgesia, of exceptional merit, have been included, and as many of them have a direct bearing on the clinical handling of patients submitting to operations under narcosis, they are doubly significant and valuable.

All pertinent phases of the science and practice of anesthesia and analgesia, during 1917-1918, have been covered in collated papers and researches from the most prominent international authorities, and the Year-Book is again a comprehensive and exhaustive postgraduate course. To those interested it is not a luxury but an everyday necessity as a reference volume.



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Aside from series of contributions on complicating and safety factors of anesthesia, acidosis, blood changes, blood pressure variations, pharmaco-physio-pathological studies both in general and local anesthesia, methods of technic, especially those developed in war surgery and newer methods of local analgesia in surgery dentisty and the specialties, the Year-Book contains a Cumulative Index of the Pertinent Literature for 1917-1918, which is invaluable to anyone making a study of any phases of these subjects and needing the necessary bibliography for reference or teaching.

News Items

Dr. E. W. Montgomery, Winnipeg, Man., has been elected President of the Canadian Medical Association which will meet in Winnipeg in 1922.

A new Anatomical Building is to be erected shortly in connection with the University of Toronto.

Drs. E. G. Hodson and Gordon Copeland, Toronto, attended the annual meeting of the American Medical Association in Boston, Mass.

Dr. W. Magner, Cork, Ireland, has been appointed Pathologist to St. Michael's Hospital, Toronto.

Dr. Crawford C. McCullough, Fort William, was elected President of the Rotary Clubs at Edinburgh.

Sir Edward Worthington, Trinity Medical College, 1896, has been appointed Companion of the Order of the Indian Empire for services rendered in connection with the visit of the Duke of Connaught to India.

Dr. J. Fenton Argue, Ottawa, has been elected President of the Ontario Medical Council.

Dr. John J. Farley was elected President of the Ontario Medical Association at its recent meeting in Niagara Falls. Dr. Farley practices in Belleville.

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is not only the first consideration of the physician, but almost invariably the most urgent and insistent demand of the patient. It is, therefore, a matter of great satisfaction to many medical men that in

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they have an analgesic that enables them to meet this demand so effectually without embarrassing the heart or circulation, disturbing the digestion, suppressing the secretions, producing constipation, or presenting the slightest danger of creating a drug habit.

Countless physicians, therefore, are to-day discarding the opiates and turning to Phenalgin as the safest and most dependable anodyne for relieving *headaches, neuralgia, rheumatism, myalgia, lumbago, migraine, la grippe,* and painful conditions generally.

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Dominion Medical Monthly

And Ontario Medical Journal

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Obstetrics: Arthur C. Hendrick.

Pathology and Public Health. John A. Amyot, Chas. J. C. O. Hastings,

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Psychiatry: Ernest Jones, W. C. Herrman.

Ophthalmology: D. N. Maclennan, W. H. Lowry.

Rhinology, Laryngology and Otology: Geoffrey Boyd, Gilbert Royce.

Gynecology: F. W. Marlow, W. B Hendry.

Genito-Urinary Surgery: T. P. Richardson, W. Warner Jones.

Anesthetics: Samuel Johnston.

GEORGE ELLIOTT, MANAGING EDITOR.

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COMMENT FROM MONTH TO MONTH

THE RELATION OF THE PHYSICIAN TO THE ONTARIO TEMPERANCE ACT

The following questionnaire was sent out in order that the Special Committee on the Liquor Problem may obtain data for the coming meeting of the Ontario Medical Association.

The replies have been collected and a summary is to be issued in the immediate future.

1. Any legislation which is intended to stop the use of liquor as a beverage, must at the same time provide some method by which it may be obtained for medicinal purpose. Is this your opinion? Yes.

2. Do you consider the method provided in the Ontario Temperance Act satisfactory? No.

3. Have you any criticism to offer as to the way the clauses in the Ontario Temperance Act relating to the physician are enforced? All newspaper publicity should be avoided.

4. Are you in favor of limiting all prescriptions (for either druggist or vendor) to a quantity not exceeding six ounces? I would be in favor of trying it.

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HERBERT C. COX, President — E. WILLANS, Managing Director
N. MARSHALL, Vice-Pres. — FRANK W. COX, Secretary

5. Are you in favor of limiting all prescriptions (for either druggist or vendor) to eight ounces? I should try it.

6. Would you be in favor of issuing a Special license to physicians for the prescribing of liquor, so that any physician not wishing to prescribe, might be protected from requests by reason of not having such a license? Try it.

7. What do you consider to be the average number of prescriptions per month which you find necessary to write for internal use? Ten.

8. Would you favor making it obligatory for all druggists to carry in stock whiskey and brandy in original six ounce (or eight?) packages? As it is medicine by law—most assuredly.

9. Last year the Special Committee asked for consideration of the following question:

Would it be advisable to strike out the portions of the Act relating to the sale of liquor by vendors on medical prescriptions (Sec. 51, sub-sections a, b, c.) and to substitute the following:

1. Any adult may obtain a quantity not exceeding one quart from a vendor not oftener than once a year, on making an affidavit that it will be used for medicinal purposes, and that no other member of his or her family residing under the same roof, has procured liquor from a vendor during the preceding year.

2. In order to provide for those cases in which a larger quantity of liquor is required in any one year, the Board of Commissioners shall employ regularly an appointed medical officer to make personal investigation in such cases and issue orders if he sees fit.

Would you favor such an amendment?

10. The plan suggested in question No. 9 is opposed by the License Commissioners on the ground that it would increase the amount of liquor consumed for beverage purposes and so tend to defeat the purpose of the Ontario Temperance Act. Is this your opinion?

11. Have you any suggestions to make whereby the working of the Ontario Temperance Act may be improved in relation to the interests of the physician?

FORMULA

Guaiacol 2.6, Formalin 2.6, Creosote 13.02, Quinine 2.6, Methyl Salicylate 2.6, Glycerine and Aluminum Silicate, qs. 1000 parts, Aromatic and Antiseptic Oils, qs.

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"I wish to inform you of the therapeutic values I have derived from PNEUMO-PHTHYSINE in Spanish influenza and pneumonia, bronchitis, croup (true and false), also in adenitis tubercular and streptococcic.

"I have reduced the mortality seventy-five per cent. by its usage, as it delivers the reaction on the circulation essential to recovery.

"It certainly has within its formula all that could be expected, and the most benefiting medicinal agents. The formula cannot be excelled. I also use it by adding mercury in specific bubon.

"All who doubt this agent should just try it for a change."

— Dr. J. M. H., Texas.

Pneumo-Phthysine Chemical Company

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12. Have you any suggestions to offer whereby the Ontario Temperance Act may be improved to protect the physician against the importunities of citizens who wish liquor for beverage purposes?

The Editor had got so far in filling in his questionnaire when illness overtook him. It strikes us that many physicians are sick of this whole business and we are fearful of what may become of the special committee on the replies.

Our unreserved opinion is—to get the doctor out of the muddle—we should have Government Control in Ontario, licensed buyers, and rationed buyers—absolute prohibition to all under thirty years of age.

To manufacture and import the stuff seems sheer nonsense when trying to keep it from being drunk.

Publisher's Department

GABASTON'S METHOD FOR REMOVAL OF THE PLACENTA

Esmann (Hospitalstidende, March 16th, 1921), has nothing but good to say of Gabaston's method, which consists of injecting sterile saline solution into the placenta through the umbilical vein. In the course of only a couple of weeks the author encountered four cases of adherent placenta in which this method was perfectly successful, although Crede's method had been tried and had failed. In the first case the injection of only 400 c.cm. of sterile water was sufficient. In the second the placenta was not expelled until about 1,000 c.cm. had been injected, and in the last two cases about 800 c.cm. were injected. One of the patients was a 3-para, aged 30, whose last confinement in her home three years earlier had been complicated by retention of the placenta. Manual detachment had been undertaken, fever had supervened with bilateral phlebitis, and she had been confined to bed for five months. The author was therefore anxious to avoid a repetition of this misfortune. The patient had a severe cold on admission to hospital, and for some days she was febrile and showed signs of small infarcts of the lungs. But the author regards this condition as being unconnected with the adoption of Gabaston's method, and the patient was discharged in good

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health after confinement to bed for about three weeks. The remaining three patients were primiparae; in two cases labor was completed spontaneously, in the third it had to be hastened with forceps on account of imminent asphyxia. The puerperium in all these cases was uneventful.

THE RENAL TEST MEAL

According to Fromm (Albany Med. Ann., November, 1920,) the renal test meal consists of a carefully composed dietary regimen of twenty-four hours' duration in three separate meals. It contains approximately 13.5 grams of nitrogen, 8.5 grams of sodium chloride, 1.760 c.cm. of fluid, and a considerable quantity of purin material in the form of meat, soup, tea, and coffee. All these substances act as diuretics, and it is on the mode of excretory response to such stimuli that the interpretation of the test depends. The test meal yields the following results in the different types of renal disease: (1) Chronic interstitial nephritis. In early cases nocturnal polyuria is usually the first sign of renal impairment. In advanced degrees of interstitial nephritis the following factors indicate renal insufficiency: (a) Marked fixation and lowering of the specific gravity; (b) a diminished total output of sodium chloride and nitrogen; (c) a tendency to polyuria for the whole twenty-four hours; (d) a night urine showing an increase in volume, lowering of the gravity, and a concentration of nitrogen under 1 per cent. (2) Chronic parenchymatous nephritis. The characteristic findings in these cases are as follows: (a) The specific gravity tends to be high and fixed; (b) there is a diminished output of sodium chloride and water; (c) nocturnal polyuria is present; (d) there is practically a normal excretion of nitrogen. (3) Renal congestion resulting from cardiac decompensation. The test meal is such cases is followed by the following results: (a) A fixation of gravity about the level of 1020; (b) a diminished output of sodium chloride; (c) a diminution in the amount of the day urine; (d) a normal nitrogen elimination; (e) a normal night urine.

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—John Harvey Kellogg, M.D., L.L.D.—Colon Hygiene,

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